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ABSTRACT

This report presents ethnographic case studies of the life circumstances and experiences of 18 low-income adolescents who participated in Project Redirection, a national program which provides educational and family planning services at the local level to pregnant teens and mothers. Information on the teens' family background, patterns of sexuality and birth control use, and educational and employment aspirations for the future is provided, and the impact of their participation in the project is assessed. The report recommends that the program make a greater effort to involve itself with the participant's family and the father of the baby. Given the study's finding that the mother is usually the primary support for the teen and the quality of the mother-daughter relationship is a primary influence on the teen's decision making, a major program objective should be to lessen conflict and strengthen these bonds. In addition to helping the teens reach stated goals (such as continued schooling), program staff and community women are encouraged to help teens learn appropriate habits and behaviors. A broad range of educational techniques is needed to increase teens' knowledge of birth control practices, and on-site program workshops must do more than simply provide teens with the opportunity to socialize with others in their situation. Appendices to the report discuss methodology and provide synopses of the 18 case studies. (KH)

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MANPOWER DEMONSTRATION
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CHOICES AND LIFE CIRCUMSTANCES

An Ethnographic Study of Project Redirection Teens

SYDELLE BROOKS LEVY
With
WILLIAM J. GRINKER

JUNE 1983

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CHOICES AND LIFE CIRCUMSTANCES

An Ethnograpic Study of Project Redirection Teens

Sydelle Brooks Levy

with

William J. Grinker

Manpower Demonstration
Research Corporation

June 1983

This report was prepared by the Manpower Demonstration Research Corporation as part of its responsibility to oversee and carry out research on the Project Redirection demonstration. Funding for this project was provided by the Office of the Work Incentive Program, the Office of Youth Programs, and the Office of Policy Evaluation and Research of the U.S. Department of Labor under Grant No. 52-36-80-01; and by the Office of National Affairs of the Ford Foundation.

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PRESIDENT'S STATEMENT

Project Redirection, the program which these MDRC studies document, is one of the few efforts mounted today on a national scale to help teens who are either pregnant or young mothers achieve self-sufficiency. As a research program, it is unique in its scope of study to show which strategies work best, for the least cost, in promoting this long-term goal. Redirection's short-term results have been encouraging, and now a replication effort is underway to learn more about the program's feasibility.

Fortunately, the problem of teenage pregnancy is a more manageable one than some confronting this country. As a nation, we have not found the correct strategies to reshape the lives of all persons receiving public assistance. However, we can be of help to this smaller group -- to their own and to this society's advantage. If we can create with these young mothers the route to self-sufficiency -- both on a personal and economic level -- we are likely to forestall a pattern of welfare dependency that in the past has seemed inevitable for this group.

Because sound research takes time, we must at this point reserve judgment on the program's ultimate effectiveness. We can but anticipate the final report. Nevertheless, the first encouraging round of research reports has alerted us -- as well as public officials and program planners -- that in fact real progress has been made. Project Redirection is well worth watching.

Barbara B. Blum

ACKNOWLEDGMENTS

More than a perfunctory expression of appreciation is in order for these acknowledgments. This report would not have been possible without the dedicated research efforts of the fieldworkers at the three study sites: Lorraine Mayfield in New York, Carolyn Chrisman in Phoenix, and Diane Rothenberg in Riverside, California. These researchers gathered all of the field observations and life histories, and offered interpretive comments that contribute to the report. Their long-term commitment to follow the teens and their families and their subsequent studies enabled the author, who designed and directed the ethnography, to prepare the final report. Although I assume responsibility for the accuracy of the data and its interpretation, their work formed the basis of this study.

To William Grinker, former President of MDRC, I owe another special debt. When the first draft was completed, Bill undertook a critical and conceptual review of the manuscript. His insights, and particularly his contributions to the section on policy recommendations, were especially valuable.

Both my colleagues at MDRC and two Vice-Presidents who had responsibility for the oversight of the study, Judith Gueron and Joan Leiman, were helpful and supportive. Similarly, both Sheila Mandel and Susan Blank helped to shape the final report through their extensive editorial work. Another special note of thanks is due to the directors at each project site, who were exceedingly helpful to the fieldworkers and the MDRC staff.

Finally, from beginning to end, all of us involved in the field research extend our deepest thanks to the Redirection teens, whose interest, cooperation and willingness to share some very intimate details of their lives enabled us to pursue this project and broaden our understanding of pregnant and parenting teens.

To them I dedicate this book, with my sincerest hopes for a successful future.

Sydelle Brooks Levy

PREFACE

Project Redirection was created out of concern for an issue that has assumed increasing importance on this nation's agenda: the high rate of teenage pregnancy, particularly among the disadvantaged. The costs are both human and societal; teen mothers are more likely than other adolescents to drop out of school, be unemployed, have more children at an early age, and become dependent on welfare. Project Redirection, begun in 1980 in four sites with support from the Ford Foundation and the U.S. Department of Labor, constitutes an attempt to learn how best to reduce these costs.

Project Redirection enrolls pregnant teenagers and teen mothers who are under 18 years of age, without high school diplomas, and for the most part, living in families receiving welfare. Although a number of programs already serve this needy group, Redirection takes several fresh approaches. In the belief that treating one problem alone in a population experiencing so many difficulties will result in, at best, only short-term gains, Redirection offers teens a comprehensive range of services, including educational, health, employability and family planning services. Together they are intended to help teens develop the personal and economic self-sufficiency that is so necessary in the long run. Reinforcing this goal for each teen is a community woman, an older

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MDRC is publishing simultaneously School, Work and Family Planning, the interim impact report on Project Redirection, and Choices and Life Circumstances: An Ethnographic Study of Project Redirection Teens. This preface introduces both reports.

role model who guides the teens through an individualized plan of activities.

As a national demonstration program, Redirection is unusual in its intent to test seriously whether this particular service program can make a difference. The Manpower Demonstration Research Corporation (MDRC) holds responsibility for managing the demonstration and carrying out a rigorous analysis of its implementation and effectiveness. An implementation study, with one report already issued and another scheduled for release later this year, examines the way in which the program is structured and managed, the feasibility of operating the model, and its costs.

The impact study, conducted by the American Institutes for Research in the Behavioral Sciences, assesses the program's effects on the teens' schooling and work experiences, attitudes towards family planning, and rates of subsequent pregnancy. To do this, a group of program participants was matched with an equal number of similar "comparison" teens -- young women who would have been eligible for the program but lived in communities in which it was unavailable. Care was taken to ensure that the comparison group communities and teens were well matched with those in Project Redirection. Harlem, a program site, was paired with Bedford-Stuyvesant (also in New York City); Phoenix with San Antonio; Riverside, California with Fresno; and Boston with Hartford. Ultimately, the sample will include 900 teenagers who will be interviewed up to three times: at baseline (before program participation), and at 12 and 24 months later.

More or less concurrently with the baseline interviews, a group of

three ethnographers in Riverside, Harlem and Phoenix began a nine-month observation of the lives of program participants, ultimately focusing on a group of 18 teens for whom they developed in-depth case studies. This ethnographic research was designed to amplify the results of the impact and implementation studies by shedding light on the particular life circumstances that teens face as they move through the program.

The two studies now being released by MDRC report on some of the results of these research efforts. Choices and Life Circumstances is the final report on the ethnographic study; School, Work and Family Planning is the second in a series of three impact studies. Following the baseline report, this impact report examines the experiences of 400 teens one year after program enrollment. The interim nature of the study should be emphasized: many of the teens were still in the program, the period of follow-up was short, and the sample was relatively small. Nevertheless, School, Work and Family Planning, considered in conjunction with its companion volume, Choices and Life Circumstances, presents some early, important evidence on the program.

The story is a complex one. The ethnographic study portrays the hardships faced by adolescent low-income mothers and mothers-to-be. Many of the teens studied live in stressful family situations and have had negative school histories. Although most do not enter the program with clearly formulated aspirations, a feeling of uncommon strength among the group is their distrust of marriage, at least an early marriage to the fathers of the babies, as a solution to their dilemmas. These young women's attitudes illuminate some of the reasons underlying the alarming increase in the proportion of black families headed by single parents.

Also, within these households characterized by welfare dependency and poverty, the study highlights the difficulties that confront these teens as they attempt to carve out better futures for themselves.

But while the findings of the ethnographic study point out that we should not expect to find easy solutions to the problems of teen mothers, the impact report leaves the reader with hope that, with a carefully structured intervention, progress is possible. The report indicates significant improvements in the educational and work behavior of program participants and a moderate, but significant, downward trend in the rate of subsequent pregnancy during this short period. Although it is true that even the reduction found here would translate nationally into an avoidance of thousands of unintended repeat pregnancies, the findings of both studies indicate that a means must be found to motivate sexually active adolescents to contracept more effectively.

Encouraged by the initial promise of the program as reported in these volumes, the Ford Foundation has joined with a group of local community foundations to launch a number of new, smaller Redirection programs at sites around the country. With further information to emerge from this program replication and from the final reports on the original demonstration sites, policymakers and practitioners should be able to pinpoint far more accurately which strategies are most effective in helping teen mothers shape better futures for themselves.

Judith Gueron
Executive Vice-President
MDRC

EXECUTIVE SUMMARY

This report focuses on the life circumstances and experiences of a group of 18 low-income teen mothers and mothers-to-be from the communities of Harlem; Riverside, California; and Phoenix, Arizona. All of the teens were participants in local programs of Project Redirection, a national demonstration begun in 1980 with support from the Ford Foundation, the Office of Youth Programs of the Department of Labor and the National Work Incentive Program (WIN). Although the report can be read independently, it is perhaps most helpful to consider it as it was designed -- as part of the larger comprehensive research effort associated with Project Redirection.

The impact analysis for the program examines quantitative data for a broad range of participants and outcomes. MDRC also concluded, however, that it would be useful to support such an analysis with an ethnographic study -- a study to provide an in-depth examination of the conditions associated with early parenting. By illuminating the family backgrounds of these teens, their patterns of sexuality and birth control use, and their aspirations for the future, such a study could help to explain their relationship to the program and its place in their lives. Consequently, in the fall of 1980, soon after the program's inception, ethnographers -- two anthropologists and a social worker -- began study at three Redirection sites.

Under the direction of an anthropologist at MDRC, each ethnographer carried out participant-observation at her site for a period ranging from seven months (Riverside) to nine (Phoenix, Harlem). The participant-

observation process had two phases. First, the ethnographer observed the program closely, getting to know as many participants as possible. Then, she targeted a group of five to seven teens, whom she believed to be representative of the larger group.

Project Redirection sites had been chosen so that program participants would represent a mix of ethnic groups and regional patterns, and the 18 teens chosen for the ethnographic study in turn reflected this mix. The teens studied in Harlem were black; those in Phoenix were Chicanas and blacks; and the Riverside teens included whites, blacks and Chicanas. Most of the 18 teens chosen by the three ethnographers lived in single-parent households with their mothers and were welfare-dependent. Close to half had been out of school when they enrolled in the program. On average, the teens were just over 16, and had completed nine years of schooling.

After she had selected her small group of teens, the ethnographer carried out a more in-depth study of them. To do this, she talked to each teen in a friendly and non-judgmental fashion over a period of months, both at the program site and elsewhere. In these conversations, she respected the teen's need for privacy, and more specifically, pledged that all identifying details about the teen and her family would be kept confidential. Within these parameters, ethnographers were able to develop a wide variety of information on the family circumstances of the teens, their patterns of sexuality and family planning, and their educational and employment goals and aspirations. The balance of this summary highlights some of the major findings of the study:

Family Patterns

- The teens turned increasingly to their mothers for support during pregnancy and after delivery. Although in many cases they initially disapproved of the pregnancy, the mothers were responsive to their daughters' needs, often providing child care and other kinds of financial and emotional support.

- The closeness of the mother/daughter relationship by no means meant that it was free of tension. The girls in this sample were caught in an adolescent dilemma common to most teenagers in this society: confusion about whether they were children or adults, whether they sought freedom or nurturance. Their new status as mothers and mothers-to-be served to exacerbate the conflict, raising such issues as whether it was they or their mothers who were primarily responsible for care of the baby, or whether their mothers had the right to set the rules about what care should be given. Nevertheless, these conflicts were rarely so strong that they severed connections between mothers and daughters.

- Generally, the teens were far less involved with their fathers than their mothers. Many fathers were wholly absent from the household, or present only intermittently. Many had been involved in crime or were financially dependent. Even in intact two-parent households, they seldom offered a positive male image to the teens.

- The families of the teens rarely encouraged them to marry the fathers of their babies. This held true for all ethnic groups, even the more traditional Mexican-American families. Every teen and all but one of the families decisively rejected the option of adoption. Such reactions are consistent with recent observations that there is increased acceptance of single motherhood in contemporary society.

- Although a number of the relationships were stormy, many of the teens continued to be involved with the fathers of their babies during the period of this study. Few fathers denied their paternity. Many provided support, either financial or emotional or both, to the mother and her baby.

- None of the teens, however, chose to marry the father of the baby during this study period. Even among those who began the pregnancy with the intention of marrying the father, all seemed to conclude that marriage to this particular young man at this particular point in their lives would not solve their needs for long-term emotional and financial support.

Patterns of Sexuality and Contraception

- All the teens reported that they had been sexually active since early adolescence. Although very few were promiscuous, all considered sexuality to be a normal and expected part of a steady long-term relationship with a boyfriend. In almost every case, it was such a relationship that led to their pregnancies. Most teens said that they enjoyed sex; few felt that their boyfriends had pressured them into having intercourse.

- Many teens continued sexual relationships with the fathers of their babies or with new boyfriends during pregnancy and after delivery. With one exception, they did not choose to try sexual abstinence. Teens did appear to have, however, some vestigial ambivalence about being a "bad girl," an ambivalence that perhaps contributed to their reluctance to plan ahead to use birth control.

- All of the teens were aware of the physiology of sex and of contraception. Most had some knowledge of birth control at the time they became pregnant, and almost all received further information through family planning workshops and discussions in Project Redirection. Nevertheless, most of the teens said they had not believed they would become pregnant and at the time of this study, most were inconsistent users of birth control.

- Part of the explanation for the teens' failure to make adequate use of birth control may lie in the fact that even after they had been given information, many retained misconceptions -- believing, for example, that someone who takes birth control pills can have a "pill baby." More significant, however, may be the connection between consistent use of birth control and acceptance of responsibility for oneself as an adult. It is very likely that many of the teens, still caught in the adolescent dilemma, were unwilling to accept the level of adult responsibility necessary to practice birth control consistently.

Project Redirection

- Many teens found Project Redirection helpful, but probably as a result of its individualized approach, there was no uniform opinion about what parts of the program were valuable. Some teens mentioned the assistance they were given in learning how to manage an unfamiliar bureaucratic system; others felt they benefited from help in returning to school or learning about employment possibilities; others appreciated contact with their

peers. About a third of the teens felt they had a positive relationship with their community women, and a number of others felt they derived some benefit from the relationship.

- The community woman could be extremely useful to the teen as a friend and role model, and as a guide to available social services. To the extent that she tried to intervene in deep-rooted family conflicts, especially between mother and daughter, she was considerably less successful. But although attempts to resolve serious family conflicts are beyond the scope of her role, this study suggests that the community woman ought to be sensitive to feelings on the part of the teen's mother -- sometimes competitive or suspicious -- about having another adult involved with her daughter.

Education and Employment

- Many of the teens had had patterns of truancy and a number had been de facto school drop-outs even before their pregnancies. In many cases, the pregnancy gave them a rationale for leaving what had been a frustrating situation.

- Almost all of the families of the teens gave generalized support to their continuing an education. However, support was most effective in those cases in which it was more focused and specific -- involving, for example, direct encouragement or help with child care -- and in which, also, the teen herself concurred in the schooling decision.

- Very few of the teens aspired to having their own AFDC grant as a way of supporting themselves in the future. Only one or two saw prostitution or other illegal activities as a viable means of support. The most significant long-term aspiration among the teens, notwithstanding current decisions to remain single, was for a stable, "good" marriage to a responsible man.

- Almost all of the teens arrived at a point where they saw themselves as responsible for their own support. This feeling was especially pronounced among the older teens and those who had had more exposure to Project Redirection.

- Few of the teens entered Project Redirection with clear-cut job and career goals. Although it is difficult to focus this young population -- who have many more immediate and pressing needs -- on employment goals, Project Redirection did seem to help a number of the teens to become more aware of employment-related issues during the period of this study.

- Those teens who were in school during the study varied in the

degree to which they were successful students. The majority preferred returning to alternative schools -- usually schools for pregnant teens or GED programs -- to regular school settings. Only in Riverside, however, were teens allowed to continue in schools for pregnant teens very long after their deliveries. The study notes that often schools for pregnant teens, by serving unwed mothers for only a few months after delivery, desert them at just the time when they are most in need of the kind of attention and relationships with peers that these schools are best able to provide.

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CHOICES AND LIFE CIRCUMSTANCES:

AN ETHNOGRAPHIC STUDY OF PROJECT REDIRECTION TEENS

CHAPTER I

INTRODUCTION

This report analyzes the backgrounds and circumstances of a sample of low-income teens who had joined Project Redirection -- a program of comprehensive services for pregnant and parenting teens -- shortly after its inception in mid-1980. The life situation bringing them to this program -- the fact that, as teenagers, they were either pregnant or the mother of at least one child -- is one causing major social concern in the United States. Both the escalating rate of teenage pregnancy and the social and economic problems associated with it are issues that increasingly trouble policymakers and the general public.

Earlier studies underscore the extent of the problem. In the 1970s teens became more sexually active. While in 1971, 30 percent of metropolitan area females between the ages of 15 and 19 had had sexual intercourse, by 1979 this figure had risen to 50 percent (Zelnik and Kantner, 1980). It should not be surprising that there was also a verified increase in teen pregnancy during that decade. The percentage of 15- to 19-year-old women who had ever experienced a premarital pregnancy increased from 8.5 in 1971 to 16.2 in 1979 (Zelnik and Kantner, 1980). The Alan Guttmacher Institute of Planned Parenthood and the U.S. Department of Health, Education and Welfare (now HHS) both reported approximately one million teenage pregnancies each year during the middle years of the 1970s.

Sexually active teenagers tend to be inconsistent users of birth control. According to data gathered on a sample of teens in 1979,

only a third of the sexually active teens reported that they always used contraception. The remainder had either never used any method of birth control or reported that they used it only on occasion (Zelnik and Kantner, 1980). Obviously, these inconsistent contraception habits expose teens to a great risk of early pregnancy.

It is true, however, that while teen pregnancy has increased during the last decade, the number of live births per thousand teens has dropped, consistent with trends in the general population. Through the 1970s, for example, the birth rate for 15- to 17-year-olds declined by 15 percent (AGI, 1981).

To a large extent, this drop in the birth rate can be attributed to an increase in the use of abortion among teens. For example, abortion rates rose from 11.4 per thousand among 12- to 17-year-olds in 1976 to 12.9 per thousand in 1978.[1] The decrease in the number of births among teens is thus not due to a decline in pregnancies; teen pregnancy, on the rise in this country, remains a phenomenon deserving of concern.

The social consequences of adolescent pregnancy have been well documented. Research findings (Furstenberg, Chilman) show that adolescent mothers, especially those from poverty backgrounds, face life prospects that are inferior to those of their non-parenting peers. Higher school drop-out rates, inadequate development of employability skills and a greater likelihood of present or future welfare dependency are all characteristic of this teen population. Among policymakers

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[1] Although later figures are not available, between 1976 and 1978 the ratio of live births to total conceptions for 12- to 17-year-olds fell from 61.9 to 54.8 (Center for Disease Control, 1981).

concerned about the future consequences of teenage pregnancy, there is a growing recognition of the need for new intervention strategies to avert such problems.

Early in 1979, the Manpower Demonstration Research Corporation (MDRC) designed a national demonstration program supported by the Ford Foundation, the Work Incentive Program (WIN) and the U.S. Department of Labor, Office of Youth Programs.[1] It has operated since mid-1980, with its general aim that of assisting pregnant and parenting teens to gain personal and economic self-sufficiency. A comprehensive research component studies first, the methods and techniques developed by the program to facilitate this goal; and second, the program's impacts on participants over time on a number of outcomes such as completion of education, familiarity with the world of work, and delay of subsequent pregnancies.

Project Redirection began as a five-site demonstration program in New York, Boston, Detroit, Phoenix and Riverside, California.[2] Each project, run by a locally-based community organization, links teen mothers or mothers-to-be to a wide variety of services either existing in the community or offered by Project Redirection: education, employability training, health services and life management activities (including family planning, maternal health and child care). Pregnant or parenting teens aged 17 years or younger from poverty backgrounds are

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[1] As the demonstration has progressed, a large percentage of the funding has been raised locally by the sites, with these programs contributing about 50 percent of the total operating costs in 1983. The Ford Foundation has continued to support both the operations and research.

[2] Detroit was dropped from the demonstration in the fall of 1981 because of management difficulties.

eligible to participate, with a special emphasis on teenagers already receiving welfare or coming from welfare families.

One innovative aspect of the program involves pairing each participant to a "community woman" -- an adult woman in the community who, through regular interaction with a teen, serves as her helper and "role model," as well as lending support and encouragement to her continued participation in the program. Another important feature central to the program model is the Individual Participant Plan (IPP), an assessment of the teen's individual needs and an accompanying plan to meet them. Each teen, with the help of her community woman and program staff, develops her own plan, which is periodically reassessed and updated.

Because the emphasis in Project Redirection is on knowing how well it works, MDRC designed three different yet complementary research studies. An implementation study considers questions related to the institutional arrangements devised by the program operators to carry out a coordinated delivery of services to the teens.[1] Of primary importance is the feasibility of the program: can local projects recruit and retain teens long enough for services to be effective? Can community services be found to serve teens adequately in the targeted areas of interest? Does the community woman component fulfill its planned role?

A second and major research effort involves the evaluation of program outcomes. The questions raised in this impact analysis relate to

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[1] In September 1981, MDRC released the first implementation report on the program: Alvia Branch and Janet Quint, with Sheila Mandel and Sallie Shuping Russell. Project Redirection: Interim Report on Program Implementation.

educational attainment, utilization of health services, labor market participation and delay of subsequent pregnancy. Program participants and a comparison group from matched non-participating cities were interviewed at program start-up to record baseline characteristics and compared again after a year of program operations. In all, the research will follow the teens' progress for 24 months.[1]

The third research component is the ethnographic study, the subject of this report, which was designed to complement the impact and implementation analyses. It provides an in-depth examination of the sociocultural conditions associated with early parenting, and attempts to illuminate the social processes of the adolescents' lives. Generally, it is intended to yield a better understanding of the results that emerge from the impact analysis -- elucidating, for example, the circumstances and conditions that may have significantly influenced such outcomes as return-to-school rates and subsequent pregnancy. A related goal is to facilitate the future development of social welfare programs by suggesting why some parenting teens elect strategies which may eventually lead to economic and social self-sufficiency while others choose alternatives which seem to ensure they will remain welfare-dependent.

Methodology

This study used the services of trained ethnographers to observe

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[1] As of this writing, MDRC has published two reports in the series of impact studies on the program: Denise F. Polit, with Janet R. Kahn, Charles A. Murray and Kevin W. Smith, Needs and Characteristics of Pregnant and Parenting Teens: The Baseline Report on Project Redirection, MDRC, 1982; and Denise F. Polit, Michael B. Tannen, and Janet Kahn, School, Work and Family Planning: Interim Impacts of the Project Redirection Program, MDRC, 1983. This last report is the companion volume to this study.

program activities and follow closely the progress of a selected group of participants. The ethnographers were based in three program sites: New York, Phoenix and Riverside, California. In all cases, the ethnographers made their observations at an early stage of the program's development. New York and Phoenix began operations in July 1980, and fieldwork at these sites began in early fall, continuing for a period of nine months. Riverside's start-up date was January 1981; the ethnographer began work almost immediately and continued through August of that year.

This section briefly outlines the adaptation of ethnographic techniques to this study. The methodology as implemented at each of the three study sites is detailed in Appendix A.

Typically, participant observation, the cornerstone of anthropological techniques, is carried out in a community where the anthropologist lives with members of a household. Involvement with the members of the community is intense; in fact, usually, everything that takes place in that study site is relevant to the work of the ethnographer. In this study, because the fieldworkers did not live with the teens and their early contact with them was primarily at the Redirection offices, participant observation had to be somewhat recast. Over the period of observation and interview, however, the fieldworkers spent time with the teens outside of the program, met and talked with the teens' families and boyfriends, and developed a strong rapport with many of them.

During the research, the ethnographers became acquainted with a group of from 50 to 100 teens at each site. As the fieldwork progressed, ethnographers targeted more closely on a smaller number of individuals so

that, in all, 18 teens across the three sites became the subject of detailed observation and in-depth study. While some of the more general observations in this report were in fact based on the ethnographers' knowledge of the teens in the larger group, it is the information on the 18 "targeted teens" that provides most of the data for this study.[1]

In developing their case studies, the fieldworkers collected life histories, followed participation patterns and gathered data on such topics as contraceptive use, attitudes toward school, current and past familial crises, and future goals. To talk to the teens, they met them at their homes, took them shopping, had lunch with them and often transported them to and from program activities. Rarely were formal interviews held. The ethnographers were non-judgmental listeners who respected the teens' needs for privacy; yet they were also able, using an informal approach, to elicit from them information about their past and present behavior. Over the period of the research, the ethnographers collected the kind of data which are generally unavailable through quantitative study, but which can lend valuable understanding to such an analysis.

There was little question that the nature and the type of these data required a pledge of confidentiality from the fieldworkers. Each fieldworker signed a pledge which was shown to program operators and described to the teens. This pledge acknowledged that the names of teens and their

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[1] Throughout this report, unless otherwise indicated, the various discussions and findings are all based on material drawn from the 18 case studies. When all teens at a site are brought into the discussion, most commonly they are referred to as "all participating teens."

families constituted confidential information which would not be revealed in any research report. Hence, the teens described in the following pages have been given fictitious names. Where specific items of information might reveal a teen's identity, care has also been taken to disguise the teen by altering some facts without changing their meaning or implications.

The Study Sites

The ethnographic study was designed as a comparative one, built on the hypothesis that the subcultures of the teens would be significant in shaping their decisions and actions. Hence, appropriate sites were selected that could provide populations reflecting geographic and ethnic diversity. This, it was assumed, would facilitate an examination of the relative influences of cultural factors, geographic location and physical environment on the behavior of the teens.

During the planning phase of Project Redirection, it was expected that each of the three study sites would attract participants from a different ethnic group. The New York program, run by the Harlem YMCA in Central Harlem, anticipated a black participant population. The Phoenix program, operated by Chicanos Por La Causa, a community-based organization, expected a primarily Mexican-American enrollment, while the Children's Home Society, an established California social service agency, calculated that its Riverside branch would enroll a predominantly white population.[1]

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[1] In addition to teens in the program, the impact research on Redirection considers a group who live in areas in which the program is not available. For this purpose, each Redirection site has been matched with a similar community. The matched pairs are: Boston-Hartford, Harlem - Bedford Stuyvesant, Phoenix-San Antonio, and Riverside-Fresno.

In fact, as the programs moved into operation, New York was the only study site that enrolled almost exclusively members of one ethnic category. As of March 31, 1981, 95.7 percent of its participants were black (4.3 percent Hispanic). In Phoenix, enrollment was 8.9 percent white, 3 percent American-Indian, 45.5 percent black, 39.6 percent Chicana, and 3 percent other Hispanic. Riverside, during a somewhat shorter operational period, enrolled 51.7 percent white, 17.2 percent black, and 31 percent Chicana teens.

Still, although Phoenix and Riverside were multi-ethnic sites, each had a significant proportion of participants from the ethnic category anticipated, and it was possible to maintain the original ethnographic research design by concentrating efforts on that population within each site. This is not to suggest that, for example, non-white participants in Riverside were ignored. The researchers tried to obtain a cultural mix, while at the same time focusing on blacks in New York, Chicanas in Phoenix and whites in Riverside.

Representativeness

One of the questions invariably raised when an attempt is made to use case study material in an analytical fashion is whether or not the data from the selected cases can be used to generalize to a larger non-participating population. Are the findings of general relevance, or are they only descriptions of 18 participants in Project Redirection?

The intention of this study is to go beyond the specifics of the 18 case histories and to illuminate the circumstances of the larger participant group. The study's generalizability rests on its methodological

approach. Utilization of data from key informants and collections of life histories have for many years been accepted as valid anthropological methodology, yielding insights into larger populations than the particular group under study.

Life history data, however, sometimes pose a problem. The fieldworkers raised questions with teens that asked them to recall information dealing with events of one, two, or ten years ago, and certainly current perceptions of past events are not always reliable. The ethnographers were trained, however, to be especially sensitive to this issue, and the study was carried out with a full awareness of the possible distortions which can be caused by memory. (See Pelto and Pelto, and also Langness, on this issue.)

Furthermore, while it is true that each individual has a unique combination of attributes and problems, the ethnographers, in selecting teens for intensive case studies, took care to choose individuals who represented a range of social situations and family backgrounds exemplifying the population of the sites. They also tried to select teens who exhibited different types of program participation and some range of economic disadvantage within the larger low-income group. Deliberately excluded were those teens who presented unique problems, e.g., a teen whose baby had died during her pregnancy, or those teens with psychological problems of such magnitude that their cases would be more likely to yield psychological insights than sociological ones.

Inevitably, the long-term relationship between the ethnographer and the informant (in most cases, a friendly one) raises questions about the nature of interpretation of the collected data. However, when key

informant interviews are coupled with direct observation of behavior, the difficulty surrounding interpretation is minimized.

The validity of the methodology is also supported by a comparison of the demographic characteristics of the small sample to those of the larger group of participants at each site, although some qualification must be attached to these data also. Table 1 presents the demographic characteristics of the small study sample compared to all participants at each site at the time of enrollment. It can be seen that for most of the characteristics considered, there were no statistically significant differences between the study sample and other participants at each site.

In interpreting these data and extrapolating from the study sample to the general population, the reader is advised to bear in mind the fact that, across all sites, only 18 participants were observed closely in this study sample. Percentages based upon fewer than 10 observations per site can be extremely misleading. In addition, it is difficult to obtain valid tests of significance under such circumstances. Thus, while it is true that, for most characteristics, differences between the samples were not statistically significant, there were some large and potentially important differences in the household composition of the samples.

For instance, for the larger sample 33 percent of teens in Harlem, 17 percent of teens in Riverside, and 3 percent of teens in Phoenix were heads of households, while only one of the study teens -- 20 percent of the Harlem sample of 5 -- was a head of household. In Phoenix and Harlem, teens in the study sample were also more likely than teens in the larger sample to have come from two-parent families or to

TABLE 1

COMPARISON OF THE STUDY SAMPLE WITH ALL OTHER PROJECT REDIRECTION ENROLLEES, BY SITE[a]

Characteristic at Enrollment	New York		Phoenix		Riverside	
	All Enrollees[b]	Study Sample	All Enrollees[b]	Study Sample	All Enrollees[b]	Study Sample
Mean Age (Years)	16.4	16.5	16.2	16.0	16.9	16.3*
Ethnicity (%)						
Black	95	100	41	29	19	33
Chicana	4	0	41	71	35	17
White	1	0	12	0	46	50
Limited English (%)	2	0	4	14	0	0
Never Married (%)	98	100	98	100	96	100
Head of Household (%)	33	20	3	0	17	0
Mean Number in Household	4.7	4.8	5.4	6.7	4.4	5.8
Living in Two-Parent Household (%)[c]	12	20	16	29	42	33
Mother Present in Household (%)	72	80	71	71	61	100*
Father Present in Household (%)[c]	14	40	18	29	42	33
Pregnancy Status (%)						
Pregnant with First Child	40	40	56	71	52	50
Pregnant Parent	4	0	7	0	0	0
Parent, not Pregnant	56	60	37	29	50	50
Number of Children (%)[d]						
1	93	100	98	50**	100	100
2	6	0	2	50	0	0
3	1	0	0	0	0	0
Out of School at Time of Enrollment (%)	48	60	57	71	19	17
Percent Out of School Who Left School Prior to Pregnancy	19	33	62	40	20	0
Mean Number of Months Out of School[e]	10.7	4.7	14.5	13.4	9.6	5.0
Mean Highest Grade Completed	9.0	9.6	9.0	8.4	10.2	9.2
Total Number of Enrollees	121	5	125	7	26	6

SOURCE: Tabulations of Participant Enrollment Forms in the Project Redirection Information System

NOTES: The data cover all teens enrolled in New York, Phoenix and Riverside Redirection during the period from July, 1980 through May, 1981.

Percentage distributions may not add exactly to 100.0 because of rounding.

[a]Differences between figures for the study sample and for the rest of the Project Redirection participants are not statistically significant except where indicated.

[b]Exclusive of individuals in the study sample.

[c]This category is ambiguous because sites were inconsistent in how they reported the presence of a stepfather in the household. For the study sample, a stepfather is counted as a father only when recorded as such on the enrollment form.

[d]Based on teens who were parents at the time of enrollment.

[e]Based on teens who were out of school at the time of enrollment.

*A two-tailed T test shows this figure to differ significantly from the figure for all enrollees at the .10 level.

**A two-tailed chi-square test for this distribution is significant at the .10 level.

have lived in homes where the father was present. For the Riverside sample, study teens were less likely than their counterparts in the larger participant group to live in a two-parent household. These differences should be kept in mind as the chapters which follow are read.

Content of this Report

The following chapters draw on the in-depth case studies to elucidate a variety of issues in the teens' lives that have influenced and continue to affect their behavior and decisions. To give the reader a fuller understanding of the backgrounds of the teens in the study, short sketches are presented as introductions to the major sections of the report. It is hoped these will help to portray both the variety and commonalities of problems and life circumstances faced by the teens. Appendix B contains longer versions of the 18 case studies which form the basis of this report.

CHAPTER II

PREGNANCY AND PARENTHOOD WITHIN THE CONTEXT OF THE ADOLESCENT DILEMMA

Daisy was 14 years old and pregnant when she enrolled in Project Redirection. She currently lives with her siblings and mother. Her mother is employed, but the family also receives supplemental AFDC benefits. There was a good deal of family conflict about whether Daisy should have an abortion, but Daisy, expecting support from her boyfriend, decided to have the child. However, once the baby was born, her boyfriend began seeing other women and did not provide the financial assistance he had promised. Daisy's relationship with him has ceased.

Daisy's mother and other relatives are providing child care, but as their work schedules change, it appears that this help may become a problem. Daisy argues frequently with her mother about caring for the child. She feels bombarded by her "helpful hints" and resents her mother's authority over the baby. On the other hand, Daisy feels free to leave the baby with her mother whenever she wants to go out. Daisy believes that everyone who "goes steady" has sex. She used no birth control prior to pregnancy and, while she was taking the pill for a short time after delivery, she has since stopped because it made her "feel funny."

Daisy could not continue school during her pregnancy; there were no facilities for pregnant teens not yet in high school. However, she received home-bound instruction and has since resumed her studies in junior high. Daisy is an active participant in Redirection workshops. Redirection is also important to her as a social outlet, and she sees her community woman on a regular basis. However, her emotional immaturity is such that she cannot recognize many of her own problems, and the program must work with her first to deal with this difficulty.

Unless we have some knowledge of pre-pregnancy life styles and social norms among the teens recruited into Project Redirection, it will be difficult to understand their current behavior and decisions about their futures. To reach that understanding, it is necessary to place the young mother or mother-to-be in Project Redirection into the wider context of adolescence.

The norms that permeate our society define adolescence as a prolonged period of transition marking a status change from childhood to adulthood. Generally, between the ages of 12 and 18, teens exhibit frequent and swift behavioral changes alternating between those appropriate to the role of a child and those characteristic of adulthood. This period is generally a time of ambiguity in role definition. Interestingly enough, the numerous shifts from one set of behaviors to another during adolescence are usually both expected and accepted by society.

While there is a combination of characteristics which, when acquired or achieved, denote adult status, typical adolescent behavior is less easy to define. It tends to fluctuate between the desire to be "mature and responsible" (which for many means the freedom to conduct unsupervised peer activities) and the still lingering need for dependence and reliance on parents or guardians for both financial and emotional support. Especially without any clear-cut rituals to mark the passage from childhood to adulthood, it is not surprising that role confusion exists for many teens.

It is the contention of this study that these difficulties are greatly intensified for pregnant and parenting teens. Many teen mothers seek what they believe is the freedom of "personal choice" associated with adult status. Some are unwillingly thrust early in adolescence into adult roles for which they are unprepared, and still others are encouraged to maintain the status of child, subject to parental authority.

The study also suggests that the baby is often an expression of, and symbol around which, familial conflicts develop over the appropriate role

for the teen. The tensions and conflicts, in turn, seriously affect the teens' decisions and perceptions of their futures, including their capacity to progress toward the basic Redirection goals of increased independence and economic self-reliance.

One major problem for these parenting teens is that the baby sometimes does not help them to achieve the goals, including more autonomy and independence, that they had anticipated. For example, one teen in the sample expected that the baby would solidify her relationship with her boyfriend, which, in turn, would provide her with greater financial security and adult status. Another expected that the baby would promote a marriage. A third teen envisioned motherhood as an experience leading to her independence. None of these expectations materialized.

The report also suggests that pregnant or parenting teens must make difficult choices which, in turn, influence decisions about schooling, training for future employment and acceptance of mothering responsibilities. In making such decisions, some teens' strategies fail, either because of their own role confusion or because of a conflict about role definition between the teen, her family, and the expectations of the larger society. Finally, the case studies demonstrate that this period of pregnancy and early motherhood is the time when teens re-evaluate their relationships with the others significant in their lives, especially mothers and boyfriends.

A. Family Background and Home Environment

Shirley is 17, and her child one year of age. Her parents are divorced and Shirley, along with several siblings, was raised by her mother. Her mother, a devoutly religious woman, has been employed for many years as a domestic.

She was exceedingly upset when Shirley became pregnant, but eventually accepted the reality and offered child care so that Shirley could continue school. That support has had its drawbacks, however. Shirley's mother imposed severe restrictions on her social activities, and also dominated and directed the child care responsibilities. Shirley was constantly reminded by her mother that she was "doing all of this for her" so her daughter "better not mess up" in the future.

Bonita is 18 years old and her baby is a year and a half. She comes from a very large and tumultuous family in which both parents are present. Bonita's father, who has a history of alcoholism and child abuse, was outraged at her pregnancy and forced her to leave home after the baby's birth. She and the father of the baby have had little contact, and he offers no support. She is now living with a boyfriend, who is not the father of the child, and is still not using any form of birth control. Day care is a major problem for Bonita, since she has minimal support from her family. Her own parenting skills are limited, and there have been assertions that she has been abusing the child.

The interview findings for the baseline study on Project Redirection revealed that fewer than one out of five (18.3 percent) Redirection participants and comparison group members grew up in intact families with both parents present.[1] Information on the backgrounds of the teens in this sample was consistent with these baseline findings; only three of the sample teens had been raised in married, two-parent households. Even for those teens growing up in households in which there were intact marriages or a series of marriages, or -- as for three of the teens in Phoenix -- co-residential adult males, the relationships were perceived as tumultuous. For example, one teen from an intact marriage saw the interaction between the parents as injurious to her mother and unenviable

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[1] Polit, pp. 108-9. While Hispanic teens were slightly more likely to have been raised in two-parent households, in no ethnic group did intact two-parent households account for as many as 25 percent of the teens' families.

at best. Another had lived through an ongoing but tension-filled marriage, one which had produced many children who were often abused. Overall, the teens in the study group recorded negative views of marriage.

At all sites and cutting across ethnic lines, there was a history of residential mobility. Many of the teens had moved several times in their young lives. As an extreme example, one teen had already changed residences in Phoenix six times during the nine-month research period alone. Still, despite shifts in residence and neighborhood, most Phoenix teens came from families who had spent at least two generations in that city, and Harlem teens also had usually spent their lives somewhere within that community. Relocation in other cities and regions of the country was far more characteristic of the Riverside teens. Only two Riverside study teens were born there, the rest having migrated to California with their families at some point during their childhoods.

This pattern of mobility tended to continue after the teens' babies were born. The teens moved out of need or -- if they were on their own -- out of a desire to improve their living conditions. Although to some extent new homes may have meant a search for new support networks, mobility usually increased feelings of alienation, isolation and rootlessness among this group.

Some of the teens came from homes where mothers were employed. This seemed more prevalent among black families, where the mothers of teens often sought jobs or were already employed. The mothers of Chicana teens were more likely to remain homemakers. It was impossible to state from these studies, however, whether maternal employment

affected a teen's work aspirations or habits. One teen's mother, for example, was a high school graduate and employed in a fairly responsible job. While the daughter was enrolled in a GED program, her primary concern was that she be a good mother to her new baby. She had no plans for any long-term career training. On the other hand, another teen's mother did not work and the family had been welfare-dependent for many years. Yet the teen, a mother herself at the age of 15, was highly motivated to complete high school. She recognized that a diploma would give her better opportunities and that school was a good setting in which to learn skills for future employment.

The pregnant or parenting teens in this sample almost always turned away from their peers and sometimes even from the fathers of the babies to their mothers for emotional assistance and support. Teens who were not living at home prior to pregnancy often returned there. Even though some teens had experienced long periods of a troubled home environment (i.e., alcoholism, child abuse, physical violence, economic deprivation, drug abuse), their emotional ties to their mothers nonetheless remained strong. This is not to imply that the mother was automatically perceived as a positive role model by her daughter. As is characteristic of the adolescent period in this country, these teens were often in open or subtle conflict with their mothers, but the conflict was rarely sufficient to break the mother-daughter bond.

In some cases, stable and solid relationships with the mothers had been maintained over a period of time. One teen expressed great admiration of her mother's hardworking, self-reliant style and wished to emulate her. Another continued to have a close relationship with her

mother, even though she faulted her mother's "need to be with a man."

Sometimes this closeness kept the teen in the role of a child. One teen's mother was unequivocally willing to care for her grandchild, who was one year younger than her own youngest child. The teen wanted to attend school and, with child care taken care of, the teen continued to function as a non-parenting adolescent whenever she chose to; her outward life was generally unaltered by the baby, who simply became another child in the family. In this case, there was little role conflict because the teen accepted the situation.

At the other extreme was a teen whose life with her mother -- and her mother's four husbands -- had always been stormy, and who left home when she was 14. She returned there at her mother's invitation before her pregnancy was discovered. When her mother learned of it, she demanded an abortion. The teen refused, once again moving out of the family home. Throughout her pregnancy, the mother refused to have anything to do with her, apparently fearing the disgrace.

Most of the study teens fell somewhere between these two extremes. Generally, they lived through a period of initial difficulty as their mothers experienced some distress about the pregnancy. After this, the mother-daughter relationship generally grew stronger as the mother gradually accepted the fact of the impending child.

When there was lasting hostility, overt or covert, between mother and daughter, it was often related to differences in role expectation, especially about the teen's appropriate behavior in her peer relationships. Some mothers of parenting teens used the new baby as a strategem to keep daughters at home and "out of trouble." In that case, a typical pattern was for the teen's mother to refuse to assume child

care, at least at first. She would instruct her daughter to remain home to care for the child instead of spending time with her boyfriend.

Shirley, the teen profiled at the beginning of this section, typifies this conflict over appropriate behavior. Her mother's child care support was contingent on the severe restrictions imposed on Shirley's social activities. Following the series of hostile confrontations described in the profile, the teen left home with the baby, returned, and, following other differences, the teen's mother herself took the baby and left the city. Another teen, who had continued a sexual relationship with her boyfriend for an extended period of time, appeared to give in and accept her mother's values. She says she is committed to sexual abstinence until she marries.

The issue of child care is a complicated one. Many teens' mothers were central figures in their families. They doted on the baby and, like the mother described earlier who incorporated the new baby into her family, took charge. Such assistance could strengthen the mother-daughter bond and enable the teen to pursue strategies with long-range positive effects.

One difficulty, however, was that the teen's mother often rejected the suggestion that she was not the ultimate and best authority. While there were teens who accepted the role of remaining a child in the household, this "take charge" response frequently put teens in competition with their mothers for control of the baby -- a competition in which the older women most often seemed to emerge victorious.

Although age was often a key factor in a teen's willingness to cede parental responsibility to her mother, even some younger teens wanted to

assume a larger parental role. In one instance, despite the teen's desire to have greater responsibility, the baby slept in her mother's room at night so that the teen would be rested for school. In another situation, the teen's mother was employed and considered "the pillar of the household," but her offer of child-care assistance was rejected. Despite her mother's help during the pregnancy and delivery, the daughter complained bitterly of her mother's possessiveness. The teen has now dropped out of school, and after frequently talking about leaving home with her baby, she did so, in a thoroughly confused state, leaving the child behind.

It is unrealistic to think that conflict between teen and mother can be entirely avoided. First, as noted earlier, the mother-daughter conflict is not solely a consequence of teen pregnancy. Rather, the pregnancy and subsequent presence of the baby in the household intensify the ordinary adolescent role dilemma for both the teen and her mother.

The older woman's contribution to the conflict is also understandable. It is reasonable that a teen's mother may not always be able to balance her own dual role as both mother and grandmother. Not surprisingly, she may see her daughter as a child and may want to play the role of mother to both daughter and grandchild. About three out of every four Redirection participants interviewed in the baseline analysis said that their own mothers had themselves been teenage parents (Polit et al., 1982). This indicates that, as in this more limited sample, the grandmothers were quite young, complicating the role definitions for the teen and her mother. But despite the near inevitability of some conflict, if there is a degree of clarity and agreement between mother and

daughter -- however the roles are defined -- there is a better possibility that it can be contained.

The relationship between teens and their fathers was much less significant, especially when -- as in the Redirection population -- the teen's father was not a resident in the household. The teen's contact with him tended to be loosely structured, and in cases where the father lived in a different city, sporadic. Even in intact two-parent households, the teens' fathers or stepfathers rarely presented a positive male image for them. Across ethnic and geographic lines -- and whether they had been part of the household or not -- the men in the teens' families on the whole had behaved "badly," as the teens themselves put it. Many had been involved in crime, while others were financially dependent or an unreliable presence in the household.

Perhaps because so many of the teens were raised in single-parent households or had seen marriages which were stressful and difficult, they tended not to rely much on their fathers for either emotional or financial support. Rarely did a teen turn to her father during periods of crisis on a steady basis. Teens judged their fathers to be unreliable, unstable and remote. As seen later, the teens often perceived these same qualities in their boyfriends.

B. Sexual Activity

> Jane, a 16-year-old mother, came from a family of seven children. She had had sexual relations with her boyfriend for three years prior to her pregnancy. While she claimed not to have been particularly happy about having had sex, she said she "did it as a gift." She did not use any birth control but planned to do so, if and when she resumed sexual activity. Although her mother encouraged abortion, Jane refused. The father of the baby was supportive, both financially and

emotionally; he even wanted to marry Jane, but she believed she was too young.

Malena is an 18-year-old mother of two. The first child was born in 1979, and her second in 1980. She went steady with the fathers of both her children, and she claimed that she agreed to have sex with them in return for the flattery they offered. Even after verbal and physical abuse, she continued to see both fathers. When the father of Malena's first baby left during her pregnancy, she immediately developed a new relationship with the father of the second child. That relationship disintegrated when Malena claimed that he was unfaithful. She does not want to get married, stating that "I don't trust him."

Among teens in the sample, most pregnancies were unwanted and unplanned. Only two of the 18 targeted teens stated that they sought to become pregnant. While responsible adult behavior recognizes that sexual activity may result in pregnancy -- and a decision about whether or not to use birth control generally accompanies the decision to have sex -- the study teens consistently separated the initiation and continuation of sexual activity from the related issue of pregnancy prevention. For this population, it is thus preferable to discuss each topic separately. Issues related to birth control are discussed in the next section, while this one considers the factors and conditions that led to their sexual activity.

All teens in the study sample said they were sexually active during early adolescence, usually beginning between the ages of 13 and 15 years, but as young as 10 or 11 as reported by one individual. It appeared that a teen's level of physical maturation was a crucial determinant in establishing the onset of sexual activity. Those teens who were sexually active at a very young age (11 or 12 years) were those who seemed to be physically mature. For example, the young girl who had had

sporadic sex since she was 10 years old looked much older than her actual age and became pregnant when she was 12.

The triggering factor for the initiation of sexual relations seemed to be the teen's definition of herself as a person with a steady boyfriend, a definition which, at least for some teens, also involved the expectation of a future marriage. Virtually all of the teens at the time of their pregnancy had a steady boyfriend -- an exclusive relationship with a person with whom they considered themselves in love.

Our initial hypothesis was that since many of the babies' fathers were much older than their girlfriends, they may have been exerting great pressure on the young women for sex. Continued observation and talks with the teens disproved this. First, although it was true that some of the study teens were involved in relationships with men who were in their mid- or late twenties, other fathers were no more than one to two years older than their girlfriends. More generally, while sexual relations were most frequently initiated by the males, the young women were usually willing participants.

Although the teens tended to disapprove of those who had casual sexual encounters, on the whole, they agreed that sex was a normal and natural part of a relationship with a steady boyfriend. As one teen put it, "It is silly to think that two people who are attracted to each other won't have a sexual relationship eventually."

There were, in some cases, degrees of hesitation or ambivalence. One teen explained that she had not wanted to have premarital sex before she met Jim. Once in the relationship, she "wanted to be with him all the time." He pressured her to have sex, and then after having refused

him for two months, she finally agreed, believing that she was in love. Another girl, 15 at the time, also said that her baby's father was her first sexual partner. She reported that she did not want to have sex but participated in it anyway because she loved him and expected to marry him.

Despite this reluctance, teens generally gave the sense that they enjoyed their sexual experiences, at least after the first encounter. They also did not feel in any way that their boyfriends had taken advantage of them. Even the two girls who had said that they wanted to become pregnant had been involved in sexual activity before they planned for the pregnancy.

There appeared to be little cultural difference among the three ethnic groups in attitudes toward premarital sex, although a few Chicana teens expressed disappointment at having lost their virginity prior to their quincineras -- the 15th birthday celebration for which the celebrant should be a virgin. One girl who voiced this concern said her feelings dissipated when she realized that she could have a quincinera anyway, "since lots of girls have those parties even though they are not virgins." Her first sexual experience took place four months prior to her pregnancy with a steady boyfriend whom she had been seeing for a year and a half. She said, "It [sex] just happened," and added that she did not know of anyone going steady who was not sexually active.

None of the non-Chicana teens ever indicated that awaiting the celebration of a "sweet-sixteen" birthday was cause to delay sexual activity. Thus, although the quincinera and sweet sixteen celebrations for many families were considered to be rituals announcing a status

transition for the young woman, neither stood as a significant marker for the onset of sexual activity.

While it was not unusual for relationships to become strained during pregnancy, many of the teens kept up ties with their boyfriends, and continued their sexual activity. In other cases, families felt that their daughters' sexual activity, evidenced by their pregnancies, was a moral transgression, and they raised strong objections to their daughter's desire to maintain that relationship.

The cited sexual abstinence, mentioned earlier in reference to one teen, appeared to be unique among the study sample. Even this teen wondered how she could have a boyfriend without having sex. Most teens continued sexual activity, either with the father of their child or with a new "steady" and serious boyfriend. The baseline interviews for Project Redirection participant and comparison samples also indicated that most girls had been sexually active at some time within the three months prior to the interview.

Whatever the causes of increased sexual activity among teens generally -- changing social values over the last 20 to 30 years, the availability of legal abortion, or the reduced social stigma of becoming an "unwed mother" -- teenage sexuality emerged with great clarity as "a fact of life" among the low-income teens in this study sample as well as the larger Redirection sample. Consequently, attempts by programs or policymakers to promote sexual abstinence are most likely to prove futile, at least in the short run.

C. Family Planning

Malena, profiled in the previous section on sexual activity, claimed to have been taking birth control pills since she was 13 years old. While understanding that they will not work properly "if you don't take them right," she also believed that "if you take the pill right, and have sex, you can have a pill baby." Malena talked about having her tubes tied. She thought that she could walk into the hospital and have it done, and that it was reversible.

Cecilia is 17 years old, and her child is a year and a half. At 15, she began an intense relationship with the father of the baby. Her plan was to have a baby and get married, she being one of the very few Redirection teens who said that she deliberately sought to become pregnant. Cecilia's boyfriend had discontinued sporadic use of condoms when Cecilia decided to become pregnant, but once she was pregnant, their relationship cooled. The baby's delivery terminated their relationship, and she was not sexually active for a while. Recently, with a new and serious relationship underway, Cecilia recognized that another pregnancy could hamper her efforts to achieve other goals. Even though she had received negative feedback from her mother about birth control pills and also experienced some physical difficulties while using them, she felt that it was important to continue taking them. She is also aware that other birth control methods are available.

The Redirection teens in the study sample all knew about the physiology of sex and conception. Although some knew about only one or two forms of birth control, all were aware that sexual activity might lead to pregnancy and that it was possible to prevent pregnancy. Many of the teens had attended classes and lectures on birth control at school, clinics and other social service programs prior to pregnancy. Moreover, they often discussed sex, contraception and pregnancy with peers.

Yet among the 18 study teens, only three claimed to have used birth control regularly before they became pregnant. Of the three, two deliberately discontinued it when they decided to become pregnant. The third, a mother of two children, claimed to have used birth control pills

since she was 13, but finally recognized they were ineffective "if you don't take them right."

The baseline interviews indicated that the larger sample of teens studied in the Redirection impact analysis (like those followed in the Zelnik and Kantner studies) were also ineffective users of birth control. According to these data, at program start-up, almost a quarter of the teens had used no contraceptive at all during their last sexual experience. Almost half of those saying they did practice birth control admitted they did so irregularly. Still, a full 90 percent of the sample were aware that a sexually active woman could become pregnant if she forgot to take pills for several days in a row.

During their first month of enrollment, pregnant teens participating in Redirection were less likely to be scheduled for birth control information sessions than parenting teens: 27.7 percent of pregnant teens vs. 46.4 percent of parents at the three sites (Branch et al., 1981). However, shortly after delivery, most of the Redirection teens in the sample had received some kind of education or counseling on the use of birth control. Many had attended family planning clinics, hospital sessions or Redirection workshops on birth control. Yet, evidence in the interim impact report on Redirection indicates that participants continued to be poor users of birth control.[1]

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[1] Polit et al., 1983. While almost twice as many Redirection participants had used some contraceptive method during the year following enrollment compared to the previous year, actual use was still inconsistent among this larger group. Nearly one out of three sexually active teens at follow-up had not been protected against a repeat pregnancy at last intercourse, and others had relied on relatively ineffective methods. As a result, nearly 17 percent of Redirection teens became pregnant again in that year. However, their knowledge of birth control continued to grow. Teens who had received contraceptive counseling from the program received higher scores on a test of birth control knowledge given both to participating and comparison group teens.

Four teens in this smaller sample who had been given birth control pills took them only erratically. Another teen discontinued use of the pill after her doctor advised her to use a different method. She subsequently had another pregnancy, which was aborted, and she was not using any birth control at the conclusion of this study. These teens were typical of the majority of study teens, who used or discontinued the pills as they altered their views of themselves as sexually active or inactive or when they perceived a potential health hazard or broke up with a boyfriend.

Most commonly, teens spoke of getting some form of birth control after delivery "just in case," meaning that they intended to use it when they anticipated the beginning of a new relationship or the possibility of continuing an ongoing one. They would state that "I'll take the pill when I have a serious boyfriend," or "I'm not sexually active so I don't need birth control." It appeared that many either would not acknowledge their sexual activity or would claim that occasional sex, however defined, meant that they did not have to use birth control. This pervasive belief among study teens that they could not or would not become pregnant is seen in such typical comments as:

"I never thought it could happen to me."

"I heard that you cannot get pregnant the first time."

"It takes a long time for virgins to become pregnant."

"You cannot get pregnant if he only puts it in for ten minutes."

"You can get pregnant if you take the pill wrong."

"Even if you take the pill, you can have a pill baby."

In particular, the pill -- the teens' favored method of birth

control when they used it -- was often thought to produce cancer, cause spontaneous abortion and lead to other health difficulties. Clearly, the teens' utilization of birth control must be understood in the context of the kind of information -- or sometimes misinformation -- that they had. While large numbers of women everywhere share health concerns stemming from the side effects of the pill, a number of these teens' beliefs may be unique to an adolescent group and erroneous; i.e., the conviction that the pill alone will cause cancer, not believing that at first intercourse they could become pregnant, and a need to convince themselves that they would not continue to be sexually active -- and therefore would not need the pill.

The knowledge teens possessed about birth control prior to their Redirection enrollment appeared to vary by site, depending on the availability of instruction there. In New York and Riverside, all of the targeted teens had taken part in sex education classes in school and had had peer discussions about birth control. In some cases, information had been received from parents. In Phoenix, only one study teen had received formal instruction on birth control before she became pregnant. The rest had learned about birth control from the media, and most regarded contraceptives suspiciously because they believed the pill could cause cancer or miscarriages. But even the Riverside teens, who were less likely to believe that pills were a health hazard, were not effective users of birth control. Their pervasive belief that they could not or would not become pregnant seemed to limit their willingness to protect themselves.

While there certainly is no clear answer as to why teens had not

practiced more effective and continued contraceptive use, this study suggests that their behavior must again be viewed in the context of the more general adolescent dilemma, wherein the status and the role of the teen is unclear to herself as well as to others. Effective use of the pill -- the primary birth control technique -- requires careful advance planning and willingness to accept ongoing responsibility for sexual activity, which in essence means that the teen is accepting adult role behavior. Even though many of these study teens were mothers, most were not at all ready to accept the long-term responsibilities and implications of the pill and adulthood. Indeed, the very few study teens who were effective contraceptors were those who set long-term goals for themselves, were motivated to achieve those goals, and were acting on a strategic decision not to have another child in the near future. These were also the teens whose mothers supported that decision.

More common in this study were the teens who explained their sexual activity as "a thing that just happened" or something that "I didn't expect to happen." Despite the teens' willingness to describe sexual activity as a natural part of a steady relationship, this suggests that, for some teens, there was a connection between planning for sex and immoral behavior -- possibly a lingering notion of being a "bad girl." Others perhaps tried to maintain their perception of themselves as a child by not accepting the adult responsibility associated with effective birth control behavior. A few other teens, experiencing a family crisis or having unusually limited resources, may have considered pregnancy as a positive strategy to solve immediate problems, perhaps through financial support from the baby's father. In these cases the

ancillary benefits of having a baby could outweigh the teens' perceptions of the costs to their own futures.

Lastly, the use of birth control may have been discouraged by the teen's mother. While there were mothers who supported the use of birth control, some discarded their daughters' pills, believing that the pill represented a license for promiscuity. They wanted to encourage sexual abstinence and did not care to acknowledge their daughters' continued sexual activity.

Given information from past studies, it is not surprising to find that these teens did not use birth control effectively. What is striking is that so many had been given information and still were not regular users. The case studies leave little doubt that receipt of such information in itself offers insufficient incentive for teens to practice family planning consistently.

D. Pregnancy

Denise is 15 years old and her baby is a year old. She lives with her mother, who has always been employed and is not welfare-dependent. Denise and her boyfriend began having sex when she was 12 years old and although she knew about birth control pills, she says that she did not know where to get them. Her family was extemely critical of her pregnancy but was opposed to abortion. Denise never considered marriage, feeling that she was too young. Despite her mother's objections, Denise has kept up a relationship with the father of her child and now is a regular user of the pill.

Candy was 13 years old when she began her relationship with the father of her child. Her first sexual experience with him was "to see what it was like" and "to get it over with." She became pregnant at the age of 16. Her family encouraged an abortion, an option that Candy refused. Her child is now almost two. She is a very involved and responsible mother and regards the baby as a definite asset in her life. The baby's father has urged her to marry him, but Candy has thus far

rejected the idea, especially in light of what appears to be his lack of fidelity. For Candy, marriage is "either a meaningful experience or nothing," and she will not seriously consider marrying the father unless his behavior becomes more stable.

We have seen that the teens were all sexually active and aware of the physiological connection between sexual intercourse and conception. Yet we have also seen that many believed they would not become pregnant, making statements like "it couldn't happen to me," or "it couldn't happen the first time." Indeed a common reaction during the early stages of an unplanned pregnancy was to deny it. One young woman, for example, claimed that she did not know that she was carrying a baby until she was far along in the pregnancy. While her mother kept telling her so, she said she thought she was just getting fat. When she finally went to a clinic, she was eight months pregnant. Another teen who confirmed her pregnancy with a home test kit was so shocked that she did not tell anyone for three months. In a third case, the teen's boyfriend told her that he thought she was pregnant, but she too didn't believe him.

Except for the two teens in this sample who wanted to become pregnant, the rest generally experienced initial guilt and did not quite know what to do. It was not uncommon for a teen to "accidentally" reveal her pregnancy by leaving hospital clinic papers around the house or to wait until her mother recognized the visible signs of pregnancy.

Family members, particularly the mothers of the teens, rarely greeted the news with great shock or surprise. Most knew or suspected that their daughters were sexually active, even though they may have denied it to themselves. Parental responses ranged from anger to disappointment to despair. In one case, the mother was so upset that, in

the teen's words, "she went into her room and didn't come out for a week." Yet, mothers usually offered support to their daughters while they were pregnant, a reaction that was typical of the parents of most teens in the sample once they adjusted to the fact of the pregnancy. Even in the most socially conservative black and Chicano households, where a strong positive value was placed on marriage and "respectability," most parents eventually accepted the pregnancy and did not necessarily encourage a quick marriage. Rather, the message was that since their daughter had already "made one mistake," she should either abstain from sexual activity or "be more careful." In only one study case was there a concerted family effort to arrange for the daughter to marry the baby's father.

These sample teens rejected abortion for a variety of reasons.[1] For some, the religious beliefs of the family made abortion unthinkable. For others, family conflict on the issue resulted in a decision to continue the pregnancy. Often, however, the decision did not appear to be based on any strong convictions held by the teens, who were also known to change their decisions if circumstances changed. One teen who had decided to keep her baby and had a subsequent pregnancy after entering Project Redirection decided at that point to abort because her relationship with her boyfriend was not going well. A number of teens showed signs of irresolution from the beginning. Some said they wanted to have an abortion but were too far along in the pregnancy to do so by the time

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[1] Polit et al. 1983 reveals that a fairly large number of teens in the larger impact sample had had abortions both before and after the pregnancies that brought them to Project Redirection.

they had decided. One teen said that she would have had an abortion if someone had gone with her.

The teens also overwhelmingly rejected the possibility of adoption. Only one mother urged her daughter to give the baby up for adoption, a choice refused by the teen. Many simply wanted the baby. Others said, "I made a mistake and I have to live with it."

Relationships with the baby's father during pregnancy were complex. Because the teens had entered into a steady and committed relationship before pregnancy, it was unusual to find a father who denied paternity. Many of the young men were actually pleased at the prospect of fatherhood. Throughout the pregnancy, the majority of the teens maintained contact with the father, but in most cases, the relationships underwent critical change. These will be discussed in the following section.

It is an understatement to say that the period of pregnancy was a difficult one for these teens, even when their physical health was good. It was a time of emotional turmoil, a period when the teens reassessed relationships and redefined their own status and goals. Adolescence is a turbulent time for all teens, but these teens were under a stress quite different from non-pregrant teens, who are likely to turn from their families to their peers at this age. For these teens, there was less reliance on peer relationships and a greater turning back toward their mothers -- both as a means of identification and for support to begin to learn about their imminent new role. A strong and positive mother-daughter relationship appeared to be particularly important for the teens' adjustment during this period.

E. Relationship With Father of the Baby

Barbara is an outgoing young woman whose baby was born when she was 17. Early in her high school years, Barbara met Jim, an older man who became her first sexual partner. He pressured her for sex, and believing she was in love with him, she agreed. They kept up a steady relationship for three years, during which time Barbara moved out of her mother's house and into Jim's apartment. Although her mother told her about birth control when she was 13, Barbara, not believing she could become pregnant, did not use any. She said, "Pregnancy was the last thing on my mind." While Jim had preferred that Barbara have an abortion, he was caring and provided financial support during the pregnancy, and Barbara continued to live with him. Barbara kept up an active sexual relationship with him after the delivery of the baby, received birth control pills with appropriate instructions, but took the pills only irregularly. As a result she had a second pregnancy shortly after her first delivery. This pregnancy was aborted. Subsequently, Jim became involved with another woman. He and Barbara broke up, and Barbara returned to live with her mother. However, Jim continues to provide financial support, largely, according to Barbara, because of "threats" that she makes to terminate his relationship with the child.

To some extent, the fathers are the forgotten party in the study of teen pregnancy and parenthood. Although some studies (see Ooms, for example) have documented the importance of nuclear family involvement in the life of a pregnant and parenting adolescent, there is little information in the literature about the difficulty imposed on a pregnant or parenting girl in her relationship with the father of her child. The repeated statements by the teens that their sexual activity was associated with serious meaningful relationships suggest that the father of the baby is potentially an important member of the teen's support network. It also suggests that the anticipation of a future and continued relationship with him was a significant factor in the teen's decision to bear the child.

In general, the teens in the study group continued some degree of

contact with the fathers of their children during their pregnancies, but the relationships during this period were usually unstable. Once the pregnancy was acknowledged by the teen, she invariably felt a need to redefine the relationship in light of the impending birth and her new view of herself. Feeling more adult, she usually sought a more serious connection, especially a firm commitment from the baby's father for emotional and financial support both for herself and the baby. Many teens looked for sexual fidelity from their boyfriends and wanted them to take positive steps toward obtaining jobs. The result was frequently severed or troubled relationships during the period of pregnancy because the couple was unable to agree on a mutually acceptable path.

Among couples that had separated during pregnancy, it was common for the father of the baby to reappear or assert his interest at the time of delivery. For some of the fathers, this interest was merely curiosity; for others it entailed a willingness to provide some financial support for the baby. For a few, the birth signaled a renewed interest in a more stable and permanent relationship with the teen mother.

At the time of this report, some teens were involved in new, but equally serious, relationships with men other than the fathers. Yet, even among these teens, the fathers usually maintained some contact with the child and mother, either through visitation rights and/or financial support. A few teens relied on the parents of the baby's father for child care assistance. Many of the teens acknowledged the importance of these benefits, which often induced them to keep up a relationship they might have otherwise curtailed.

Despite these continued relationships and the interest of many fathers in their babies, in none of the study cases did the relationship result in marriage, either during pregnancy or shortly thereafter. Many of the teens, especially the Chicana teens, wanted to get married when they first become pregnant. But as they grew to accept their mothering responsibilities and moved toward adult status, these teens usually realized that the firm commitment they sought from the child's father during pregnancy was one that they could not get or might not really want.

Teens also in many cases began to see the fathers as immature or irresponsible while viewing themselves as just the opposite. One teen claimed that the father of the baby wanted to marry her, but she felt that he was "too insecure and immature" to consider marriage. She also said their relationship was characterized by physical violence. In some cases, teens also valued their freedom and were not anxious to marry. It is interesting to note that while Chicana teens were less concerned about the loss of autonomy, black teens all expressed some concern that marriage would limit their freedom to interact with other peer group members. Among all ethnic groups, a boyfriend and a husband were very separate considerations.

In short, even when insisting that the boyfriends urge marriage, these teens were most wary of the prospect. While most had considered it -- and almost all saw it as a future goal -- they had reasoned out the relative advantages and disadvantages of marriage at that point and had either concluded that they should postpone it, or had strong hesitations because they doubted that it could bring them the benefits they

sought. Still, the very fact of their youth prompted the teens to want to continue to have contact with the father.

The relationship of the teens' mothers with the father of the baby tended to be problematic. Mothers of pregnant and parenting teens often complicated the situation even further by telling daughters that the father was "worthless," and by discouraging or forbidding the teen from seeing him. Teens often responded by rejecting this authority and met with the father surreptitiously.

Finally, it is worth noting that the teens recognized that there were benefits to be gained through a continued relationship with the baby's father. Among these were financial support and child care from the baby's father or his family. These benefits should not be taken lightly. It is especially important in this context to recognize the extent to which these teens -- coming as they did from such disadvantaged backgrounds -- looked toward a male to fulfill their dreams of marriage and financial independence. In these case studies, this dream did not in fact materialize, and the teen mothers at some point had to reach a decision about whether to continue or break off entirely an unrewarding relationship.

CHAPTER III

RELATIONSHIPS TO THE LARGER SOCIETY: PROJECT REDIRECTION, SCHOOL AND WORK

This chapter moves beyond an examination of the family and the personal lives of the teens to examine their relationships to other social institutions. Among these institutions is Project Redirection, and this chapter begins by describing some of the teens' experiences during their course of participation. Subsequent sections consider decisions and actions about education and work. For these issues, too, Redirection remains a focal point of interest, since two main program goals are to encourage teens to return to and continue school, and to prepare themselves for eventual employment.

A. Project Redirection

Maria is 17 years old. She lives with her baby who is a year and a half, her mother, stepfather and younger siblings. Maria's mother, a high school graduate, is employed, and Maria herself has middle-class aspirations. She is currently enrolled in a GED program, having dropped out of school in the ninth grade because "it was boring." She says that she would not be in the GED program were it not for Project Redirection. She considers a job to be a necessary evil required to provide the income for the kind of life she wants for herself and her child.

Maria attends many Project Redirection workshops and is a regular participant in the parenting workshop, which she finds informative and helpful. Maria and her community woman see each other frequently, since the community woman provides transportation for Maria to attend classes and workshops. The community woman has also proved quite effective in motivating Maria in other ways, particularly in her school studies.

Sherri, a 17-year-old with a two-year-old child, attended all Redirection sessions until a part-time job conflicted with her work schedule. Work, and the independence she feels it will bring her, are primary goals for Sherri. With the encourage-

ment of her mother and father, she is attending school and is doing fairly well. Her two-parent family is welfare-dependent. Sherri's mother often provides child care, and Sherri seems relatively uninterested in raising her child herself.

Sherri has no current relationship with her baby's father and has a new boyfriend. While they have sex regularly, she does not use birth control pills consistently. Because of her reliance on personal and family networks to meet her needs, she rarely turns to project staff or to her community women to help her solve her problem.

A teen's participation in Project Redirection involves several different sets of activities, some of which are discussed in this section. First, there are on-site activities, many of them developed to help teens manage their current lives and prepare for their role as a mother, and others focused primarily on peer group interaction. Second, each teen is expected to meet regularly with her community woman, and most teens make use of the community women's time in a variety of ways. Finally, and most importantly, the program attempts to help teens take advantage of its services -- for example, to make clinic appointments, job interviews (when applicable), and to take steps to continue their education.

Each teen is asked to state her own goals for the receipt and use of such services in the program document known as the Individual Participation Plan, or IPP. Since the fieldworkers did not sit in on any IPP planning sessions, it is not possible to describe how this process was implemented for the sample. What can be discussed here is how the teens were making use of these services and to what extent the program appeared to be able to help them in this process. Since education and work are two key goals in the program, these are addressed in separate sections.

1. On-Site Activities

Although Redirection attempts whenever possible to help teens find services already available in the community, each site had by the time of this study also developed a schedule of on-site supplementary activities. The sites differed somewhat in their emphasis during this early period of operations, with Phoenix offering a fairly full schedule of workshops on employability and school planning, parenting activities and occasional social events; New York initially concentrating on life management sessions and later expanding into educational counseling and employment workshops; and Riverside focusing on life management also, as well as employability counseling.[1]

Besides serving an informational purpose, Redirection activities were especially helpful to teens who felt isolated and wanted more social contact. This was particularly true in the sprawling site of Riverside, where teens found the sessions occasions in which to talk to each other about babies and boyfriends. In Phoenix, a somewhat difficult problem arose at first with Chicana teens, who had to be strongly encouraged to make more social contacts. During the program's start-up period, the more verbal black participants generally dominated most sessions, while Chicana teens tended to remain quietly in the background. Recognizing the situation, staff created special workshops addressed to helping Chicana participants take a more active part in the site's social activity. Teens in New York, where transportation was more available, seemed less

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[1] Since the time of this study, sites have concentrated on workshops and sessions dealing with the important educational, employment, and family planning concerns of these teens.

in need of social contact and more interested in picking and choosing areas of program interest.

Another factor strongly influencing a teen's type of participation was whether she was pregnant or already a mother. For pregnant teens, these months often constituted a period during which they separated themselves from their former peer networks or were rejected by them; Project Redirection workshops and social events were especially attractive as a source of new friendships. Following delivery, however, teens were more likely to use the program for individual problem-solving or for achieving specific and defined goals, such as the continuation of basic skills classes. While not fading entirely, the need for social interaction that was paramount in the pregnancy period had lessened considerably.

2. The Community Woman/Teen Relationship

Among targeted teens, community woman relationships varied widely, depending on the teen's needs and personality, the personality of the community woman herself, and the ability and willingness of the older woman to respond to what the teen perceived as her need. Relationships could vary from close, and almost filial, to having particular needs filled, to toleration, coolness and distance.[1]

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[1] Although all sites expect the community woman to act as an intermediary between teen and program, each site had, at the time of this writing, somewhat different expectations for the women. Such differences may have influenced the relationship of teens and community women. For example, in Phoenix the community woman helped the teen complete her IPP, whereas in New York, this was frequently the task of the social worker. Another difference was the length of time before the match. Teens in Phoenix and New York were paired shortly after enrollment, but during the period of this study, Riverside had more difficulty. Some teens spent many months before an assignment was made, and one teen was paired several times with community women who were "no-shows."

Without being precise, fieldworkers estimated that the community women had become a significant part of the support network of a third of the targeted teens.[1] These particular teens had built ongoing and supportive relationships with their community women. They usually felt free to discuss problems with them and also turned to them for specific types of assistance. For example, one young mother-to-be found their relationship emotionally gratifying in that it provided the support that she was not currently receiving from her mother. The community woman helped the teen prepare for the baby, accompanied her on shopping trips and participated with her in project activities. Another teen, who had recently given birth, continued her ongoing relationship with the community woman even though her busy schedule now precluded much face-to-face contact; she still looked to her as a solver of specific problems. Other teens relied on the community women for transportation, and several teens used them to intervene as advocates in the bureaucracy.

Some teens, however, had less satisfying relationships. One teen, for example, joined Project Redirection primarily because she wanted a community woman for a "big sister." That close a relationship never developed. Another teen, who came from a troubled home environment, did establish a strong relationship with her community woman, who encouraged her to attend Redirection activities and helped her negotiate the welfare system. However, just as the teen's problems were

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[1] Polit et al., 1983. This study found that nearly half of the larger research sample of Redirection teens (45.4 percent) rated the community women as "very important" to them. When teens were also asked which component they enjoyed most and which helped them to the largest degree, teens ranked the community woman component a close second behind parenting education.

increasing, her community woman left to take a full-time job. Although this teen was reassigned to another community woman, the two were unable to develop a good rapport; the teen subsequently left home and the program. Still another teen rejected her community woman because, when she turned to her for help during a family crisis, she felt that the older woman was not supportive.

In cases in which the relationship was unsuccessful, a consistent source of difficulty had been opposition by the teen's mother, who often viewed the community woman as intrusive or as playing a role that she saw as legitimately her own. While program planners of Redirection did not envision that the community woman would play the role of mediator between the teen and her family -- or come to substitute for the mother/daughter relationship -- inevitable difficulties did arise.

In her main role of assisting the teen in program activities, which is described below, the community woman invariably became involved to some extent in family decisions which concerned the teen -- and sometimes in her relationships with other members of the family. In several cases, comunity women responded -- either because of the teens' pleas, or out of their own concern -- by attempting to build their own relationships with the teens' mothers, visiting them in their homes, for example, and trying to resolve the situation. In these cases -- whether caused by the mother's jealousy or her dissatisfaction with the community woman's opinion, or by the community woman's own inadvertent intrusion into family affairs -- poor relationships usually resulted between not only the family and community woman, but between the community woman and the teen herself.

One girl, for example, became disillusioned when her community woman repeatedly took her mother's side in conflicts and, according to the teen, broke their confidential relationship. Another teen was initially assigned to a woman who, from all outward appearances, appeared to be a good match. The community woman, however, found the teen's mother unresponsive when she attempted to form a relationship. A second woman subsequently assigned to the teen found it no easier to deal with the mother, who challenged her usefulness. When the community woman visited her home, the teen stayed in the bedroom and began also to avoid the community woman in Redirection activities.

The community woman's usefulness in her primary area of concern -- helping the teens manage their use of services in the program -- was, on the other hand, rarely questioned. Managing the welfare, health, educational, employment and other systems which were important in their lives was often difficult for Project Redirection teens. For those who eventually learned to manage well, they seemed to do so after having witnessed the successful strategies and tactics of others, often those of the community women.

The social service system posed a particular problem. The experience was, for some teens, novel; for all of them, frustrating. For some, too, there was a quality of shame attached to turning toward public assistance, but these teens were aware of their need. They felt a legitimate right to some of these services, if only for a short time. Most teens acknowledged that Project Redirection, and especially their community women and social workers, had been exceedingly helpful in informing them of their rights and in guiding them through the system.

Community women walked the teens through the process of obtaining food stamps, AFDC, housing and child care.

Community women also helped the older teens obtain employability services, if these had been scheduled in their IPP plans. Although New York, in particular, had an effective on-site WIN worker specifically placed at the program site to assist teens in their entry to that component, community women were often needed to encourage the teen to make use of the services, and to generally follow through on other employment training and placement possibilities as these were suggested by the program.

In their educational work, community women played primarily a role as monitor, checking to see that the teens kept up their attendance and were paying attention to school activities and work. For those teens out of school, community women did their best to encourage them to return, often accompanying the teens to a school or a GED program at the time of enrollment. In later periods, community women themselves sometimes ran or taught in on-site educational or tutoring programs, aimed particularly at the younger teens who were often behind in their academic studies.

Overall, however, the community women concentrated on teaching the teens to handle situations themselves: appearing promptly for appointments, dressing appropriately for interviews, following the rules. For some teens, help from the community women meant learning rather quickly the necessary steps, after which they were able to deal with the problems or experiences adequately. Others had a more difficult time, especially functioning in the impersonal situations which are characteristic of most large organizations. For example, two girls in the sample were able to

interact with a variety of local merchants, gain credit from them, and manage their daily lives with success. But they coped far less well with the more formal requirements of bureaucracies and school systems. In such cases, the community woman proved a great source of support and an excellent trainer in explaining appropriate behavior.

In all, most teens viewed Project Redirection as a helpful program, especially at certain critial points in their lives. There was, however, considerable variation in which aspect of the program they judged most useful. Some spoke of help in managing the unfamiliar bureaucratic system; others were pleased to have help in acquiring child care skills. Often a solid relationship with a community woman was the impetus for a teen to continue her participation. There were still other teens, as the following sections of this chapter will document, who felt they benefited greatly from assistance in getting back to school or from learning about employment possibilities.

B Education

Linda, 15 years old, is the mother of an eight-month-old baby. Linda was enrolled in a teen pregnancy school program when she entered Project Redirection. When the baby was born, she and her mother agreed that Linda should stay home from school for at least three months to care for the baby. At present, Linda is enrolled in a continuing education program, which allows some scheduling flexibiity and does not require all of the subjects of a traditional high school. Linda wants to remain in school, and her mother is encouraging, offering child care whenever possible for the baby. Linda wants to be a secretary after she earns her high school diploma.

Peggy is 15 years old and the mother of a six-month-old baby. Peggy feels that she was never very successful in school, and had a history of truancy. She withdrew from high school during her second year when she became pregnant. Subsequently she enrolled in a continuation school and Project Redirection. She is now committed to completing

high school, although she is worried about what she considers the excessive home responsibilities that prevent her from advancing at the pace she would like. Through Project Redirection, she has gradually come to value economic independence, although at present she has no specific plans about how to achieve this.

One of the major goals of Project Redirection is to encourage teens to complete a high school education as a minimum level of educational achievement for future economic independence. For some participants, this involves uninterrupted schooling. For others, who dropped out of school during or before pregnancy, Project Redirection offers support for a return to school and a fresh look at future plans.

A pregnant or parenting young woman who tries to continue school or re-enter high school faces many difficulties. The school may isolate her from her friends, as in some school-related adolescent pregnancy programs, or she may perceive of herself as different from her peers. Parenting teens also may face problems obtaining adequate child care. Other issues which affect the teen's ability to return to and stay in school are material or economic, others concern the available school options, and still others stem from the student's past performance or her present academic level.

All of the teens in this study had some pleasant recollections of their early years in elementary school. Many were able to achieve modest academic successes in those years. However, by the time they had reached early adolescence, particularly around the time of junior high school, the majority of teens were having many problems with school, both social and academic. This frequently resulted in patterns of truancy.

Most often the teens said their truancy resulted from frustrations

they experienced at school. Among the more common were feelings of not being able to keep up academically, lack of teaching assistance, peer pressure to use the school as a social and recreational setting -- i.e., cutting classes to hang out with friends -- boredom, feelings of alienation, clashes with teachers and occasional interracial tension. In the words of one teen: "I would attend classes in the morning, but in the afternoon I played handball with my friends. After a while I was afraid to attend my afternoon classes because my teachers and classmates didn't know me. So I didn't go. I felt I couldn't." Regardless of the reasons, the fact that a teen was rarely in school intensified her academic difficulty and stimulated a "turn-off" to education.

The majority of teens in this sample who were out of school at the time of their program enrollment had officially dropped out during pregnancy. However, most of these teens were de facto dropouts even before their pregnancies, which merely provided the escape valve from an often frustrating and unrewarding situation.

During the research period, a number of drop-out teens at the three sites re-enrolled in school. Of this group, some achieved good attendance and passing grades, but others did not. Many of the teens who were in school at the time of program enrollment stayed in school after delivery as full-time students. Others attended school during pregnancy and dropped out after delivery of the child. Some teens transferred to schools that offered a program for pregnant teens. In Riverside, the adolescent pregnancy program was invariably well-regarded by the teens, giving most of them their first positive school experience since elementary school.

Most of the teens had received and are receiving some positive support for continued education. In addition to this encouragement by Redirection staff, parents in almost all cases invariably gave at least some verbal support. There was no parent who totally discouraged her daughter's continued educational efforts because she had a baby. However, parental encouragement veered from active support to diffuse, non-specific verbal support, which usually meant a vague recognition of education as an important goal -- but one outside the parent's interest or experience. From these latter cases, it was observed that while generalized emotional support from a parent was often necessary, it was not, in itself, sufficient to motivate the teen to accomplish her goal. The goal set had to be one that the teen, as well as the parent, subscribed to, and the assistance offered was most effective when it was specific and focused.

Three cases illustrate these points. In the first, the teen was enrolled as a high school freshman when she entered Project Redirection and had never dropped out of school. Her mother was eager for her to complete her schooling and was willing to provide the babysitting while she attended. At the time of this report, the teen studied at an alternative school, where she was making good grades.

In a second situation, the teen was officially in the eleventh grade when she became pregnant. She decided to drop out because her irregular attendance meant she would not have received credit for her work. She then enrolled in a special truancy program. After her delivery, her mother did not offer child care on a routine basis and did not actively care whether or not the daughter re-enrolled. Even with encouragement

from Redirection and her community woman, the teen had no plans for her continued schooling. While she continued to talk about attending a training program or getting her GED, she never acted. In a third situation, the mother was adamant that the teen return to school after the birth of her baby. The teen, however, wanted to just care for the baby for one semester. Her mother won out and, with great reluctance, the teen re-enrolled. Her school grades that semester were exceedingly poor.

Redirection teens' mothers who had finished high school -- and they were generally employed -- were more likely to provide concrete support to a daughter to do the same. Although these mothers met their daughters' pregnancy with the same feelings of shame and anger as others, they were better able to mobilize themselves to offer both practical and emotional support to their daughters. To some extent, these mothers, who had somewhat greater economic resources and aspirations for their daughters, were not usually so entrapped by poverty and difficult life circumstances. Although still poor, they had made some economic advances and encouraged their children in that direction.

Along with a positive support system, the teens' decisions about education were influenced by external factors: their cultural backgrounds, the cities in which they lived, and the availability of alternative educational programs.

Those teens who remained in school during pregnancy generally enrolled in schools for pregnant teens, which combine some academic courses with parenting skills classes. It is ironic, however, that many such school programs terminate teens one semester after delivery, leaving

the teen either to return to regular high school or to continue her education at an alternative school. For young teens who become pregnant prior to high school, even fewer options exist. Many alternative schools will not accept teens under the age of 16, and in Arizona, a state law specifies that eighth grade completers only are allowed to enter GED programs. Many of these teens were below that grade level.

As a result of these difficulties, many teens stayed away from all types of schooling after delivery, especially in the absence of strong parental support.[1] When they did return, alternative school was the preferred type of school arrangement both for all Redirection participants and most of the teens in the sample. Many of these teens even stated that if they had to return to regular high school, it was likely they would not complete their course of study.

There were several reasons for this. For some, the return to a regular high school was difficult because of child care. Whereas alternative schools allowed a student flexible hours and a less rigid academic schedule, regular high schools were more bound by rules and regulations. Some teens, especially older ones, saw high school as an activity for children. Since they now defined themselves as mothers and adults, they were reluctant to place themselves among age mates whose lives were so different from theirs. But perhaps most significant was the fact that

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[1] The follow-up impact report (Polit et al., 1983) suggests that Project Redirection had strong results on the educational behavior of sample teens in the larger analysis. One year after enrollment, the Redirection program had been especially effective in encouraging school drop-outs to return. Among teens out of school at baseline, 49 percent of the experimental group, but 20 percent of the comparison group, had a positive school status one year later.

many teens viewed the regular high school setting as the scene of past failure. Alternative school settings or GED classes offered them a new chance for success.

A decision on whether to continue schooling or to drop out may have been partially shaped by the site in which the teen lived. In New York and Phoenix, there were few facilities beyond the pregnant teen schools which offered a young mother flexibility in her scheduling needs and an academic pace that the teens could keep up to. Particularly in New York, Redirection had difficulty placing many of its participants because the teens were academically so far behind. That site consequently opened its own tutoring facilities.

Phoenix had the fewest opportunities for alternative education; it thus arranged on-site skills classes for teens not wishing to return to a traditional high school. As judged by the teens, this program has been successful. The classes have attracted many participants who, because of mothering responsibilities and/or role conflicts, did not or could not return to school. Teens claim to like it, particularly because their babies can have on-site child care.

Riverside had the best options. California is unusual in its variety of alternative educational programs and GED classes. Also in Riverside, parenting teens can remain longer in a special program for young mothers -- where child care is also provided -- after completing the teen pregnancy school. Teens in Riverside can even enroll in a local community college before completion of high school where support services, including child care facilities, are available. All these alternatives may be one reason why virtually all teens at that site have

continued in school.

One other factor undoubtedly was important in Riverside. During the early phase of the program, the vast majority of participants were recruited from the school-based adolescent parenting program. That these teens had already made a commitment to continue their education was obvious in their stated acknowledgment that they would need training beyond high school to obtain decent jobs. The teens in this sample saw the community college as the place to obtain that training.

Some ethnic differences were observed in this sample on the decisions teens reached about their schooling. In Phoenix, black teens were seen as more willing to continue their education in a conventional school setting than were the Chicanas. This was true also in Harlem, although some of these teens never in fact followed through on their reported intention to complete school. Their school return was pushed back day by day, remaining a dream not acted on. These frequently were the older teens, who may have felt they had greater domestic and child care responsibilities.

Chicana teens in this sample, on the other hand, were not so inclined to complete school at all. It was more generally accepted in their families that these teens were to assume the new duties associated with child rearing. Some teens were even heavily pressured by the baby's father or their boyfriends not to attend school, but to assume the traditional Mexican role of mother. Many Chicano boyfriends clearly did not want their girlfriends to have more education than they had. When these teens were persuaded to return, they generally preferred to

continue in an alternative school or to work for a GED at their own pace.[1]

Overall, while the Redirection sites have managed to encourage many teens to continue their education, one must bear in mind the difficulties of this population. With a large proportion of the teens already having had an unsuccessful school experience -- and with their added new responsibilities as a mother of a young child -- it is promising that Redirection has made the substantial progress it has at this early stage of the program.

C. Employment and Aspirations

> Carol is an attractive 18-year-old with a two-year-old child. However, although Carol came to Project Redirection for assistance in job training, she has made almost no real progress. She has resisted continued schooling and although Redirection has tried to place her in a WIN training program, a series of missed appointments and bureaucratic red tape had led her to conclude that she will "get nothing from WIN." Carol's major activities and efforts seem directed toward getting money from the father of her child, who deals in drugs, and toward her own street hustling.
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> Della, who had just turned 18 and delivered a baby, entered Project Redirection early in her pregnancy. Della is highly motivated to continue her education and pursue career planning to establish her independence. She repeatedly declared that "Project Redirection saved my life." In particular, Redirection arranged suitable housing when she was forced to leave home and assisted her in obtaining welfare services. Della has had a close relationship with her community woman, and during her pregnancy she enrolled in a teen-mother school program from which she recently graduated.

The teens in this sample felt that few jobs were appropriate and available to them at the present time. Many of the openings were tempor-

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[1] Polit et al. shows that program participation positively impacted on the Hispanic subgroup's return-to-school rate in the larger sample.

ary, or had such inflexible hours or poor working conditions that they were unappealing to them. Job search was also hindered by transportation difficulties when job openings were not available in nearby neighborhoods -- and frequently by a teen's inability to complete employment forms successfully or properly comport herself during an interview. All of these factors contributed to discouraging the teens from actively seeking work. Even when a teen accepted employment, situational problems could arise concerning herself, her family or her child which resulted frequently in the loss of the job.

Future job expectations varied from teen to teen, but the long-term aspiration most commonly expressed by the teens was to have a "good life" for herself and her baby. While this is a vague statement, extended observation of the teens suggests that it encompassed a desire for stability, and in many cases, for social and economic mobility. However, the route teens proposed to take to achieve these goals usually seemed to reflect their fantasies rather than the reality of their situations.

First was their initial lack of realistic information about career possibilities. Most of the study sample entered Project Redirection with little awareness of job or career alternatives and even less knowledge about the education or training necessary to achieve them. There were, of course, exceptions. Some teens came to the program with clear goals and future plans and they sought assistance with specific problems so that these goals could be realized. There were others who became motivated during their stay in Redirection to transform their fantasies into concrete plans and action during their stay in the program. But most teens remained still caught between their diffuse desires and their

present critical situational problems which resulted in their inability to act on many goals that they had formulated.[1]

One major alternative that the teens discussed as a route to stability and mobility was marriage to a husband who was employed and making "good" money. The husband was expected to be faithful to his wife, care for his children, and to provide a good home and tangible goods for the family. Most of the teens who espoused this goal also considered their own employment (even on a part-time basis) as contributing to that end, but ideally they did not perceive themselves as the primary breadwinner of the family.

At the same time, there was a recognition on the part of most of these same teens -- especially the older ones and often after they had been helped by the program to adopt new attitudes -- that finding a financially supportive, employed husband might not be a realistic possibility in the near future. They developed a sense that they might want to, or have to, work to provide basic support or to meet emergency situations for themselves or their babies. Thus, although very few of the group expressed strong interest in a "career," many did speak of future employment and the need to finish school or learn skills that would provide supplementary income for a "comfortable" family life.

Those choosing the path toward economic self-sufficiency clearly did

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[1] At the time of the follow-up interviews, Redirection's impacts on employment behavior were substantial: 52 percent of the experimental group, as opposed to 40 percent of the comparison group, had held a job at some point subsequent to program start-up (Polit et al., 1983). Program participation had an especially large effect on teens who had never worked prior to enrollment. More than twice as many experimental as comparison teens (44 percent versus 18 percent) had held a job during the one-year follow-up period.

not expect to marry in the near future, and most especially, not the father of their child. This is not to suggest that they did not ever plan to marry; however, they were at present more willing and able to seek independence as a way of meeting the responsibility of motherhood.

Among this second group, older teens and those with stable living arrangements were more likely to understand the benefits of a high school education and employment training and took positive steps to achieve these goals. Although younger teens spoke about taking such steps, they often failed to bring their desires to fruition. Only a few of these younger teens confronted the need to be self-supporting. In large part, their expectation was to continue their present behavior without making definite plans for their future.

Although age and current situations weighed heavily in the kind of decisions teens made about their futures, another background factor may have played a prominent role. The teens in this study group who came from families with a working parent seemed better able to discuss plans for jobs or careers than the teens growing up in families where neither parent had worked steadily. This latter group generally was unable to articulate any range of employment possibilities open to them. These teens had had less exposure during their childhood years to career paths or even job opportunities.

However, contrary to "common knowledge" -- which is most likely inaccurate -- that most teen pregnancies are deliberate and predicated on anticipation of welfare benefits, only one or two teens in this study group said that a goal in her life was to obtain her own AFDC grant. Most teens, including those whose families had subsisted on AFDC for many

years, argued that AFDC payments were insufficient to provide the kind of life that they wanted for themselves. Many, in fact, struggled to avoid any kind of welfare assistance. While most needed help at this time, the feeling that somehow they should be able to "make it" on their own was a prevailing one.

Another strong counter to legitimate employment and career aspirations, especially in urban areas, can be street activities, i.e., boyfriends' hustling or prostitution, which offered the fantasy of a quick move out of poverty and the promise of a "good life." This option appeared reasonable to three of these teen mothers who were seeking relief from oppressive and difficult life circumstances. Although these teens said they did want jobs to provide for themselves and their children, they nevertheless looked toward street life for an immediate change in their standard of living. Whether it was cause or effect is unclear, but these teens also rarely took part consistently in Redirection workshops, school programs or employability training, and were the most likely of teens to be terminated.

As previously noted, Chicana teens usually at first thought of marriage as a way to ensure their future, while black teens more readily perceived a need to become self-supporting and independent. Yet as Chicana teens became more aware of their need to be self-sufficient, these patterns no longer so strongly prevailed. Project Redirection appeared to help these teens to re-examine and redefine their goals realistically.

For several reasons, further career planning remained at the time of this study one of the challenges for Project Redirection, one which

the impact study shows later got underway.[1] The first difficulty was the initial lack of realistic information that the teens possessed about career possibilities. Compounding this problem was their poor educational history. Finally, there was the need for the program to address the immediate and critical life circumstance of some teens. Within this sample, Redirection appeared to be most effective when a teen had the strong positive support of either her family or the father of her child.

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[1] Polit et al. indicates that certain types of job training experiences from Project Redirection improved the teens' knowledge of the world of work. In particular, training on how to decide on a job had significantly improved teens' comprehension one year after program participation.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND PROGRAM RECOMMENDATIONS

The previous chapters, using 18 field observations, discussed many facets of the lives of the teens studied. The primary focus was on their backgrounds and their decisions about their present and future lives. These include their attitudes and decisions about education, employment, use of birth control and sexual activity.

It should be evident that adolescent pregnancy and parenting exacerbate what, under the best of conditions, is a difficult period of growth and development. By exploring the teens' lives and observing the social processes over a period of months, the ethnographers have been able to examine this crucial period and to isolate a number of patterns of behavior and development that the teens have experienced in their transition to adulthood. This chapter summarizes some of the study's major findings on these patterns.

A. The Mother/Daughter Relationship and the Role of Community Women

One of the most important findings to emerge from this study was the central role played by a teen's family, particularly her mother, during the period of pregnancy and after delivery. This role could involve positive support for the teen, and to the extent that the teens received it, they were more likely to return to school and plan for their futures. But the central role played by the mother also often entailed considerable conflict.

Following the initial shock of the realities of new motherhood,

manipulation of roles between mother and daughter was not uncommon, and the baby became the object around which the struggle to gain control or to define role behavior revolved. The baby was often a symbol to the adolescent mother of her perceived right to consider herself an adult. At the same time, she frequently did not fully comprehend the responsibilities that others expected of adult status.

While the teen usually focused on the privileges that she believed were hers, others significant in her life more frequently stressed the responsibilities. Hence, when she began to desire greater freedom for peer interaction and grew disillusioned with the tasks associated with child care, her mother may have insisted that she stay at home to watch the baby -- in some cases, using child care as a way of limiting the teen's freedom. In such instances, a teen's expectation that having a baby would confer adult status on her was entirely different from reality; her motherhood became not a means of gaining adult privilege, but rather an issue for adolescent confrontation. This was particularly true for younger teens, who had even greater dependency needs and fewer alternatives for economic self-sufficiency.

At the same time, the mother may have been confused in her new role as grandmother, especially if she perceived that her daughter was "a baby who had just had a baby," or if she herself had a young child about the same age as her daughter's baby. This, in turn, may have increased the daughter's role confusion.

When conflicting or alternating messages about role behavior and status were exchanged between mother and daughter, these could confuse the teen further. In fact, either set of behavioral expectations --

adult or child -- could provide an appropriate model of behavior for the teen, but if she attempted to incorporate both sets of rules simultaneously or to frequently alternate roles, she was likely to feel anxious and anomic. Alternatively, when mother and daughter agreed on the teen's status and on role expectations -- however these were defined -- the teen was more likely to be motivated toward positive decisions and strategies.

While the Project Redirection program model never intended the community woman to act primarily as an intermediary between a teen and her family, her role as an adult, advising a teen about important decisions in her life, necessarily brought her into contact -- and sometimes in conflict -- with the mother/daughter relationship already established. Field evidence in this study suggests that the community woman understandably had difficulty in assisting teens to solve home crises that resulted from that relationship.

However, a teen often turned to her community woman for assistance in dealing with a difficult home situation. Often the community woman was asked to mediate between the teen and her mother, especially when their problem was long-standing and difficult to resolve. The case studies suggest that community women may indeed have successfully intervened in a situational, short-term issue, but that they were rarely in a position to offer a teen the kind of support that she sought to solve more deep-rooted family conflicts.

Even as a short-term family mediator, the community woman had a complex role in that she was sometimes balancing the needs and desires of a teen -- or the Redirection program itself -- against the often

differing needs and desires of the family. The community woman herself may have had conflicts between her own personal commitment to the teen and her interest in promoting a positive family relationship for the teen. Some teens' mothers resented intervention by the community woman, but there were others who were also offended when the community woman took a conciliatory position or no position at all.

Project Redirection itself understood that an untrained community woman could not act as a mediator between mother and daughter; the program guidelines specified no such direct role. While it was evident that many Redirection teens wanted strong support from their community women, the community woman could not be expected to counteract the influence of a family, especially a mother, when the teen made key decisions. While a community woman can give general moral and emotional support to a teen, adolescent parenting programs such as Project Redirection must acknowledge the overriding importance of the mother/daughter bond.

B. Sexuality and Family Planning

The arena of sexual activity, contraception and pregnancy is the primary one in which the adolescent dilemma is played out. While this study can address a few issues which arise, it is limited in what it can resolve; for instance, this study was not designed to determine, with any certainty, why these teens decided to have and keep their babies, especially since many other teens (as well as some of the Redirection teens in other pregnancies) chose abortion. It can only point to some of the probabilities.

What is clear, however, is that sexual activity is an integral

part of the social lives of these teens. This is not to suggest that they are promiscuous. Only in a few situations of extreme personal and social disorganization did the fieldworkers observe promiscuity or prostitution. The majority of the study teens either continued a relationship with the father of their child, or if this relationship was terminated, did not resume sex until a new, steady relationship was underway.

The milieu in which the teens were raised led them to consider sexual activity as normal and often desirable in the context of an ongoing relationship. Without some major change in the social climate, it is unlikely that they will choose abstinence, regardless of encouragement from social programs or parents. Nor did they consider adoption, an option that they and their families viewed very negatively. Thus, if the ongoing sexuality of these teens is acknowledged, it is necessary to be primarily concerned with their attitudes toward birth control.

This study confirms the findings of earlier quantitative studies that teens such as these in Project Redirection are poor users of birth control when they begin sexual activity. Most in this study used birth control only sporadically, even after delivery and resumption of sex. This is not to suggest, however, that they were totally uninformed on the topic; in general these teens had been aware of birth control pills prior to their pregnancy. Many, however, felt that they did not need the pills; that it was not likely that they would become pregnant. Others had a number of misconceptions that discouraged their effective use. In general, these teens also lacked knowledge or had the wrong information about other forms of birth control before joining the program. In

Project Redirection, the program staff, the community women and sometimes the teens' parents all encouraged them to use birth control techniques and offered assistance both in birth control education and, when appropriate, acquisition of contraceptives. While it was clear that their knowledge improved, this did not solve the problem of inconsistent use.

Part of the difficulty appeared to be the teens' unwillingness to take adult responsibility for their sexual activity. Although sex was a normal part of their lives, most people consider it as an activity of adults. Taking a pill every day, even without sex for a few weeks, is a strong acknowledgment of the adult role, a role teens seemed not ready to assume.

In all, these findings suggest several lessons about how family planning ought to be presented to teens and how it is being used in Project Redirection sessions and workshops. It is clear that a clinical prescription for birth control pills -- or even the simple presentation of information -- is in many cases insufficient for helping a teen become an effective user. First, even when teens have already been given information on the pill, care should be taken that they have ample opportunity to discuss their beliefs and opinions about it, so that misconceptions can be raised and answered. Second, teens should be made aware that there are effective methods of birth control other than the pill. Finally, and most broadly, they need a program of sex education carried out in an atmosphere which accepts and understands their patterns of sexual activity. Such a program must confront directly a major difficulty that impedes their use of birth control: a reluctance to take

adult responsibility for their sexual activities. That Redirection has made some progress in this area has been indicated in the 12-month follow-up impact analysis, in which Redirection teens can be seen to have gained significantly more birth control knowledge than the comparison teens, primarily because of the counseling and guidance provided by the program.

Education and Employability

Continued education and training for future employment are two of the primary goals of Project Redirection in its effort to help the teens achieve long-term economic independence. Except for Riverside, helping teens achieve the first goal -- continued schooling -- was not an easy task for the sites during the early months of program operations. A number of factors from the teens' past and present lives made successful completion of school a difficult undertaking, among them the fact that many of the teens in New York and Phoenix were, in fact, drop-outs even before their pregnancy.

One of the more important conclusions to be drawn from this study is the need for other educational settings where a teen can start fresh, with new people and new possibilities.[1] Flexible scheduling, for example, allows a teen time for her personal and child-care needs and gives her the chance to work at her own pace. The most obvious alternative is the special schooling option sometimes available for pregnant

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[1] These findings are consistent with findings from MDRC research on the Youth Incentive Entitlement Pilot Projects (YIEPP) program, where alternative school options were necesary to encourage school drop-outs to return. In fact, a number of research studies confirm that school drop-outs prefer not to return to their regular schools.

teens and teens newly delivered. These schools, however, generally do not allow a teen to continue after the first semester of delivery and, except for Riverside, Redirection sites lacked alternatives for many teens with such problems as child-care. However, many teens did have mothers or other relatives willing to care for the child; in fact, the majority of teens in this sample who stayed out of school did so simply because they preferred not to return to regular high school. Redirection managed to place many of them in alternative schools.

A few of these study teens sought a street life of prostitution and hustling as a real economic alternative to education and legitimate employment. These teens made a strategic decision in favor of their immediate economic interests. None of the teens, however, saw welfare dependency as a long-term goal, although at present many relied on their own or their family welfare grant for survival. By and large, teens accepted welfare as a temporary means of support until marriage or stable employment.

As they look toward their futures, the ideal for many of these teens remained marriage with a husband as a principal source of support. Still, they had experienced so much family instability that they recognized the need to have "something to fall back on." Thus, employment became an increasingly important goal, especially as the program intensified its focus on preparing these teens for the work world.

But the fact that the teens saw work as part of their futures did not solve all their difficulties. Given their levels of education and their current situations, they often had employment or career goals that were highly unrealistic. For many, a chronic history of school truancy,

followed by a school drop-out experience during pregnancy, militated against the development of strong career awareness or even exposure to a variety of career options. It is clear that teen programs must not only teach teens about a variety of job responsibilities, but also give them practical training in job search, interview techniques, writing resumes and knowledge of dress and behavior on a job. The workshops in Project Redirection have incorporated these techniques with what would appear to be good success: the impact analysis revealed a 12 percentage point increase in the proportion of teens holding a job subsequent to enrollment (52 percent of Redirection participants versus 40 percent of the comparison teens).

Marriage and Independence

Several of the teens continued contact with the fathers of their children and expected that they would contribute both financially and emotionally to the child and mother. The studies revealed that, in the case of these ongoing relationships, these expectations were not unrealistic. Even though the adolescent mothers might not have viewed marriage in the near future as desirable, the father remained for many of them a very visible and important part of a support network. Many of these young men, proud of their fatherhood, also anticipated a continued relationship with the teen mother -- possibly even leading eventually to marriage -- and were in some cases eager to help support the mother and baby.

Some teens, however, severed relationships with the fathers, either during or after pregnancy. Many of these teens wanted upward mobility and recognized that the father could not contribute to that goal.

Others began a new relationship with another man, for as adolescents these teens were usually eager to build new social contacts after the birth of their babies.

One of the most interesting topics explored by this fieldwork was the teens' attitudes toward marriage. Although none of the teens married during the period of this study, a few hoped to marry the fathers of their babies in the future, while most looked forward to marriage to another man. In this area, ethnic differences seemed important. For example, Chicana teens, with a strong orientation toward marriage, expected it in the near future. All of the Chicana teens in the Phoenix study sample, following values of their families, initially considered marrying the fathers of their babies. However, tempered by their own assessments of the future, the plans for such marriages did not materialize, and their families came to accept their single parenthood.

While almost all teens viewed marriage as a future ideal, most rejected immediate marriage, often because they believed it would limit their independence. This attitude was true for the black teens in the sample and, to a large extent, the white teens in Riverside. It was of less importance to Chicana teens.

Overall, Chicana teens appeared to be more submissive and less motivated to acquire equality or upward mobility. Chicana parents of the teens in this study sample did not strongly advocate continued schooling, but preferred that their daughters assume primary care for the new baby. Parents (almost always mothers) of black and white teens were more often supportive of their daughters' continued education, even when it complicated their own difficult life situations.

An interesting paradox arises: many mothers of black teens were themselves single parents who were employed full-time and thus could have difficulty assisting their daughters with child care. In contrast, the typical Chicana mother was at home and involved in an extended family network, where child care assistance could more easily be provided. Yet it was more frequently the black parent who strongly encouraged her daughter's return to school, even when the family situation was difficult to manage.

Implications of Findings and Recommendations

The case studies revealed the complexity of the teens' lives and illuminated many of the issues that a teen pregnancy program must confront. On the basis of these findings, it is now possible to point to some lessons about the participants' early experiences in, and reactions to, Project Redirection, and to consider their implications for the range of services teen pregnancy programs seek to provide.

While the primary benefit to teens in Project Redirection came from the services and counseling the program provided, a less tangible but valuable aid to the teen was the social experience and ambiance of Redirection. At a time when the natural tendency of the teens was to withdraw from school and peer relationships, Redirection workshops and social events gave them an opportunity to develop contacts with others in their situation. This was especially true in Phoenix and Riverside, where the urban sprawl and a poor transportation system made such contacts difficult under the best of circumstances.

As part of this process, the community woman filled a sorely needed role, not only through her specific activities, but also through the

general rapport that developed. Even though the community woman could not fully substitute for a teen's family support system, she nevertheless in many cases was able to partially fill a void in a teen's life. She was especially helpful in encouraging the teen to redirect her goals and aspirations and make appropriate decisions.

This is not to suggest that all teens established strong relationships with their community women. Even some teens who wanted ongoing contact were not able to achieve it. There was also a certain amount of turnover among community women, causing some teens to become disturbed about the number of changes. There were others who complained that their community women were unavailable, either for a specific task or for general emotional assistance.

Other problems between teens and community women were more psychologically complex. On occasion, personality conflicts between teens and community women led to distancing between them. Sometimes a teen's mother felt that the community woman was assuming some of her own functions and discouraged her daughter from contact. Some community women avoided close contact with the teen's family in an effort not to appear to be taking over family functions.

In light of the above findings about the teens and their experiences in Project Redirection during the period of this study, it is possible to offer a few recommendations which may guide program planners in developing intervention strategies for teens:

1. The value of understanding the mother/daughter relationship is the most significant finding of this study. Since a teen's mother is usually the primary support for the teen -- and the

quality of that mother/daughter relationship is a primary influence on the teen's decision-making -- a major program objective should be to lessen conflict, when that is possible, and to strengthen these bonds. Project Redirection attempted to promote this objective, where it seemed feasible, by fostering an involvement between a community woman and the teen's family. However, this was not without difficulties, and care must be taken to maintain the close and confidential relationship that may exist between a teen and her community woman.

2. Given the importance of the father of the baby in the life of the teen, more creative strategies need to be developed to bring fathers into such programs. This is particularly important when the father remains an important member of the teen's network and support system.

3. Besides providing the needed and important services for teens to reach stated goals -- such as continued schooling -- it is important for program staff and community women to help teens learn appropriate habits and behavior and how to handle situations on their own. For instance, keeping appointments, dressing appropriately, and understanding how to deal with outside organizations -- such as schools and medical clinics -- can often best be taught with the guidance of an adult role model who assists a teen in these routines until she is more familiar with them. Most teens have learned best how to cope by watching the successful strategies or tech-

niques of others.

4. Since the evidence suggests that, for most teens, sexual activity is going to continue -- and since by and large they are poor users of birth control -- it is important to utilize a broad range of educational techniques in the teaching of birth control practices. Family planning assistance should not only familiarize teens with the range of birth control methods, but also address their ambivalence about its use. Appointments at family planning clinics and on-site discussions of birth control are in themselves inadequate responses to the problem. A program should instead strive to make issues relating to birth control use an ongoing part of its content.

5. On-site program workshops give teens a welcome opportunity to socialize with others in their situation, allowing them to break out of the isolation from peers that they have often retreated to once they became pregnant and gave birth. It is obviously important, however, for workshops to go beyond this function to provide teens with meaningful and relevant information in areas such as employability training.

In conclusion, one must remember that these young women are in the midst of an adolescent dilemma: while they may try to behave like adults, they often do not have the resources or support to do so. Their disadvantages -- that they often have few people to count on, few options to solve their current problems, and little knowledge about their future potential for economic mobility -- serve to underscore the challenge confronting adolescent pregnancy programs that seek to help them define and progress towards long-term goals.

APPENDIX A

METHODOLOGY

Ethnography, the research methodology used in this study, is the process of studying and describing culture and cultural behavior. Typically, ethnographic research entails fieldwork or participant observation, an immersion with the people of the study population. The ethnographer is encouraged to live in the community, all the while disrupting its life as little as possible.

Applying the participant-observation technique to a social service program requires some adaptation of methodology. A Project Redirection site does not constitute a total cultural and social milieu. Teens come to the project office for a variety of purposes, but most of their lives take place elsewhere. Even their Redirection activities are not confined to the site. Through the program, teens are sent to health care facilities and family planning clinics, enrolled in schools and educational programs, and meet with community women and their peers away from the Redirection offices. With this kind of program model, it is impossible to circumscribe the sociocultural environment in a traditionally anthropological way.

As a result, the ethnographers in this study began work in the Redirection sites, but moved beyond them into other environments. The research strategy called for the fieldworker to first attend group activities at the sites in an effort to initiate relationships with teens. Once a rapport was established, the ethnographers made more informal contacts outside of the program -- in homes and local restaurants,

on shopping trips and outings, and at recreational activities -- with those teens who ultimately provided the case studies for this report.

One ethnographer was hired for each of the three study sites. Two were anthropologists and one was a social worker. They were supervised by the director of the field study, an anthropologist on-site at MDRC. Each worked from the beginning of the program for a period ranging from a minimum of seven months (Riverside) to a maximum of nine (Phoenix and New York). At the outset, the director of the field study visited each site to introduce the ethnographer to the program staff and to explain the nature of the research. Subsequently, the fieldworkers made independent contacts with participants and staff.

As mentioned in the body of this report, the beginning of the field studies generally coincided with the beginning of operations at each site. Hence, as they commenced their work, the ethnographers not only were required to establish new relationships with teens and staff, but also to do so in institutional settings that were undergoing their own processes of change and definition.

Nevertheless, as they became acquainted with the programs and as the programs themselves stabilized, the ethnographers were able to make more intensive contacts with teens and staff. On the whole, staff at the three sites welcomed the ethnographers. In Harlem, however, there was initially some concern that the program was "over-researched" and that the role of the ethnographer was too ambiguous. Gradually, however, such objections were modified as staff became more familiar with the ethnographer and her work. At all sites, it took time for the teens, too, to trust the ethnographer and to understand that her role was

neither that of program staff nor of evaluator. There were a number of "who are you" types of questions, whereupon the fieldworkers described the role of a researcher. Although many teens did not fully understand the explanation, they came to accept the ethnographer and in most cases to have a general sense of her purpose.

As discussed in Chapter II, each ethnographer eventually chose a group of between five and seven teens for whom she developed in-depth case studies. Ethnographers began to meet these teens outside of the program and talk to them in more depth. Rarely did they hold formal interviews. In fact, each ethnographer was given a tape recorder at the beginning of her study, but none used it during her interactions with the teens. All agreed that the presence of a tape recorder would reduce the informal and close quality of the developing relationship.

A combination of a friendly, unthreatening manner and neutrality about the teens' behavior made the collection of very sensitive material possible. The ethnographers were nonjudgmental listeners who offered little advice except, when asked, to tell the teens to seek help from program staff. While they respected the teens' privacy, they were, over time, able to elicit rich material about the teens' sexual behavior, contraceptive use, relationships with males, and family relationships. Obviously, some teens were more reluctant than others to discuss some of these areas, but eventually a full profile of each teen was collected and, in anthropological fashion, checked by subsequent follow-up discussion and/or observation.

In general, the teens guided the discussion, with the fieldworkers probing in the areas of greatest importance. In turn, the ethnographers

were willing to share information about comparable aspects of their own lives when the teens asked questions. Eliciting some of the more sensitive data was especially difficult in New York and Phoenix, since the poverty in both communities was of such magnitude that teens rarely had homes where they could talk privately. Most conversations therefore took place in a variety of other settings.

As seasoned ethnographers know, there are a variety of problems and unanticipated circumstances that crop up during any field study. In this study, ethnographers chiefly had difficulty in maintaining their contacts with the teens. Although the ethnographers made appointments, it was not uncommon for a teen to forget and fail to appear. Occasionally, it was impossible to locate a teen who was in the midst of a personal crisis. Since many teens do not have telephones, they were unable to contact ethnographers to change appointments. In Harlem, the ethnographer was initially unable to establish good contact with the teens because staff did not want her to attend peer group sessions, the only activity then being held on site. Also, the program had not yet created a recreational area for casual interaction. It was not until well into the study period that the ethnographer was able to move away from the site and spend more time with teens elsewhere in the community. In Riverside, poor transportation facilities meant that teens rarely came to the site on a drop-in basis, thus limiting opportunities for contact with the ethnographer.

Generally, it appears to have been these kinds of logistical and external problems, rather than any overriding reluctance on the part of the teens to talk to the ethnographers, that posed difficulties to the research. But notwithstanding the obstacles they encountered, the

ethnographers were able with perseverance to collect and record a wealth of data for the case studies, as well as extensive information about many other teens in the program.

Although the ethnographers were given considerable latitude to use their own judgment and personal style in interacting with the teens, the content of their investigation was carefully monitored by the director of the field study. The ethnographers submitted detailed reports of each contact with a teen. These were reviewed and returned with suggestions for follow-up inquiries whenever it was thought that additional information was needed. The inquiries were guided by topical outlines -- covering such topics as family structure and relations, pregnancy, sexuality and educational experiences -- regularly provided by the field director. The ethnographers met with each other, with MDRC staff members, and with the field director in several group meetings to exchange ideas and attempt to solve problems. These meetings also helped to ensure that the data collected across the three sites was highly comparable.

To compile this study, the author, who was also the director of the field research, analyzed all the case study material. Through this analysis, she was able to arrive at the general observations about participants that form the basis of this report.

APPENDIX B

CASE STUDIES OF THE TEENS

Daisy was 14 years old and pregnant when she enrolled in Project Redirection. She presently lives with siblings and her mother, who is employed but the family also receives supplemental AFDC benefits. There was a good deal of family conflict about whether Daisy should have an abortion, but Daisy, expecting support from her boyfriend, decided to have the child. However, once the baby was born, her boyfriend began seeing other women and did not provide the financial assistance he had promised. Daisy's relationship with him has ceased.

Daisy believes that everyone who "goes steady" has sex. She used no birth control prior to pregnancy and, while she was taking the pill for a short time after delivery, she has since stopped because it makes her "feel funny." Daisy's mother and other relatives are providing child care, but as their work schedules change, it appears that child care may become a problem. Daisy is in great conflict with her mother about caring for the child. She feels bombarded by her "helpful hints" and resents her authority over the baby. On the other hand, Daisy feels perfectly free to leave the baby with her mother whenever she wants to go out.

Daisy could not continue school during her pregnancy since there were no facilities for pregnant teens who were not yet in high school. However, she received home-bound instruction and has since resumed her

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* These case studies are synopses of longer reports on each teen (8-10 pages) submitted by the ethnographers. They were condensed by the authors of this study. All the names are pseudonyms.

studies in junior high. Daisy is an active participant in Redirection workshops. Although she finds many of the sessions boring, Redirection is important to her as a social outlet. She also sees her community woman on a regular basis, and they spend most of their time discussing the baby. Generally, however, her emotional maturity is such that she cannot recognize many of her own problems, and the program must work with her first to deal with this difficulty.

Shirley is 17, and her child one year of age. Her parents are divorced and Shirley, along with several siblings, was raised by her mother. Her mother, a devoutly religious woman, has been employed for many years as a domestic. She was exceedingly upset when Shirley became pregnant, but eventually accepted the reality and offered child care so that Shirley could continue school. That support had its drawbacks, however. Shirley's mother imposed severe restrictions on her social activities, and also dominated and directed the child care responsibilities. Shirley was constantly reminded by her mother that she was "doing all of this for you, so you better not mess up."

Following a series of hostile mother/daughter confrontations, Shirley left with the baby, returned, and following other differences, the mother took the baby and left the city. Shirley is currently living with a friend. The father of the child began seeing another woman while Shirley was still pregnant, and she now has no relationship with him. She has no other steady boyfriend, and there are strong indications that she supports herself through prostitution.

While Shirley's initial contacts with Project Redirection and her

community woman were quite positive, as her familial and personal problems grew, they adversely affected program relationships. Thus, while acknowledging the community woman's helpfulness and concern, Shirley also felt betrayed by her because she did not stand up to Shirley's mother. Shirley began taking birth control pills, but when her mother discovered this, she claimed that birth control was a license for sexual promiscuity, with the result that she prevailed upon Shirley to stop using them. The community woman had great difficulty in mediating this and other similar conflicts. Shirley thus began to back away from involvement with her community woman and the program's workshops, in which she had originally been active.

Bonita is 18 years old and her baby is a year and a half. She comes from a very large and tumultuous family in which both parents are present. Bonita's father, who has a history of alcoholism and child abuse, was outraged at her pregnancy and forced her to leave home after the baby's birth. She and the father of the baby have little contact, and he offers no support. She is now living with a boyfriend, who is not the father of the child, and is still not using any form of birth control. Day care is a major problem for Bonita, since she has minimal support from her family. Her own parenting skills are limited, and there have been assertions that she has been abusing the child.

During her early months in Project Redirection, Bonita was a model participant, attending sessions regularly and encouraging others. Following a family crisis, during which Bonita felt that her community woman could have offered "proper assistance," but failed to do so,

Bonita stopped participating regularly, and eventually stopped attending. Her impatience with "the system" has also hampered her efforts to deal with the welfare bureaucracy and to look for a job.

Jane, a 16-year-old mother, comes from a family of seven children. Jane dated and had sex with her boyfriend for three years prior to her pregnancy. While she claims not to have been particularly happy about having sex, she said she "did it as a gift." She did not use any birth control but plans to do so, if and when she resumes sexual activity.

Although her mother encouraged abortion, Jane refused. The father of the baby is supportive, both financially and emotionally; he even wants to marry Jane, but she believes she is too young. During her childhood she lived with both her mother and her aunt, who has eight children. She is close to many of her siblings and cousins. Their general pattern of mutual sharing enables them to support a large number of people, on limited resources.

Jane never dropped out of school during her pregnancy, enrolling in a school for pregnant teens. She plans to return to regular school and complete her high school education just as soon as she can arrange child care. Jane likes Project Redirection. She attends workshops and activities on a regular basis and seems to have a good, if somewhat superficial, relationship with her community woman.

Malena is an 18-year-old mother of two. The first child was born in 1979, and her second in 1980. She went steady with the fathers of

both her children, and she claims that she agreed to have sex with them in return for the flattery they offered. Even after verbal and physical abuse, she continued to see both fathers. The father of Malena's first baby left during her pregnancy, and she developed a new relationship immediately with the father of the second child. That relationship disintegrated when Malena claimed that he was unfaithful, which prevented him from seeing the baby. She does not want to get married, saying "I don't trust him."

Malena claims to have been taking birth control pills since she was 13 years old. While understanding that they will not work properly "if you don't take them right," she also believes that "if you take the pill right, and have sex, you can have a pill baby." Malena talks about having her tubes tied. She thinks that she can walk into the hospital and have it done, and that it is reversible.

Malena was raised by her mother, who has never been employed and has raised a large family. She has also lived with her sister and on her own. Malena's home situation has often been very troubled; there have been siblings who died accidentally, and others were put into child custody during their early years. Malena is almost illiterate and has difficulty in dealing with the welfare system. She has no employment experience or aspirations. During her early days in Redirection, Malena established good communications with her community woman, who helped her negotiate the welfare system and encouraged attendance at Redirection workshops. Subsequently, she stopped attending regularly as her personal problems intensified. Finally, she left home, and the program's contact with her has ceased.

Cecilia is 17 years old, and her child is a year and a half. At 15, she began an intense relationship with the father of the baby. Her plan was to have a baby and get married, she being one of the very few Redirection teens who said that she deliberately sought to become pregnant. To a large extent, she explains this as a desire to become and be treated like an adult. However, her parents were exceedingly upset by the pregnancy and rejected further contact with her at that time. Neither of them was willing to accept the fact that their daughter was sexually active.

Cecilia's boyfriend discontinued sporadic use of condoms when Cecilia decided to become pregnant, but once she was pregnant, their relationship cooled. The baby's delivery terminated their relationship, and Cecilia was sexually inactive for awhile. Recently, with a new and serious relationship underway, Cecilia has come to feel that another pregnancy could thwart her other aspirations. Even though she has been criticized by her mother for using birth control pills and has experienced some physical difficulties in taking them, she feels that it is important to continue. She is also aware that other birth control methods are available.

Cecilia claims that she did well in elementary school, but her grades deteriorated in junior high. Both her parents encouraged her continued schooling, but Cecilia dropped out at the age of 15, just about the time of her pregnancy. With the help of Project Redirection, where she participates regularly, Cecilia has decided to continue her education. She is currently working hard, with encouragement from her family in pursuit of a GED, but is unsure about the kind of further

education or training she might like. It seems, however, that holding an occasional job has helped her crystallize a desire for upward mobility and self-sufficiency.

Cecilia has had to overcome a stormy relationship with both her mother and father, who divorced when she was 12. Having been beaten and ejected from the house by each parent, she has been left homeless for short periods of time. As Cecilia started having relationships with men and as family tensions mounted, she began to move more frequently. She now lives with her baby, by herself, and subsists on her own welfare grant.

When Paula's mother first learned of her daughter's sexual activity, she tried to encouage Paula to take birth control pills. Paula rejected this as "immoral." She is now a 16-year-old mother of a four-month old baby. Paula's relationship with the father of the baby has been an ongoing problem. Although her mother encouraged them to marry when Paula became pregnant, Paula was confused about her feelings for him and grew increasingly critical of his behavior. While marriage is an aspiration for the future, she is quite certain that she would not marry the baby's father unless he "changed."

Paula's mother, who recently separated from her husband, is an articulate, intelligent, well educated and religious woman. She seeks upward mobility, and while often quite resourceful in taking advantage of opportunities, also feels frustrated by the limited resources that prevent her from providing "advantages" for her children. Their deep religious commitment plays a central role in the family's value system. The shock of her pregnancy and the religious ban on abortion temporarily

converted Paula from extreme rebelliousness from this value system to conformity with it. Paula now claims that she will abstain from sex until she marries, although she worries that this will disrupt her future social relationships. For the time being, she is relying on her maternal family for financial and child support and has found peer support from young women she has met at church. Paula is also a conscientious student, achieves good grades and is making progress in an educational program for teen mothers. With the active encouragement of her mother, Paula started out as an enthusiastic participant in Project Redirection. However, after she gave birth, her activity level decreased. Her lack of interest in the program has been exacerbated by difficulties the program has had in effectively matching her to a community woman. Paula is remaining in the program, nevertheless, because she enjoys the social environment that it offers.

Kelly is 17 and her child is a year and a half. Her mother was quite distressed about her pregnancy but did not encourage abortion. Kelly had dated her boyfriend since she was 14. While she originally planned to marry the father of the child, she is now "happy to have my freedom." Kelly has come to see that the relationship was fraught with problems, including physical violence. Nevertheless the baby's father sees the child and continues to have a relationship with Kelly. She claims to have been using contraception since the child's birth. Kelly lives with her mother, father and siblings. Her father is employed and the family is not welfare-dependent. While her mother has a long work history, she is currently unemployed and provides child care for the baby. Kelly and her mother are exceedingly close and Kelly depends on

her for emotional and financial support.

The family's positive attitude toward work, their desire for upward mobility, and their encouragement to Kelly to "make something" of her life have been very important to her. She never dropped out of school; in fact, she recently completed high school and plans to go to college. She is actively exploring career choices. Kelly's involvement with Project Redirection is ongoing but rather limited. She is not close to her community woman and attends only occasional workshop sessions. She feels that the program cannot do much that she cannot just as easily do for herself.

Denise is 15 years old and her baby is a year. She lives with her mother, who has always been employed and is not welfare-dependent. Denise and her boyfriend began having sex when she was 12 years old and although she knew about birth control pills, she says that she did not know where to get them. Her family was extemely critical of her pregnancy but was opposed to abortion. Denise never considered marriage, feeling that she was too young. Despite her mother's objections, Denise has maintained a relationship with the father of her child and is now a regular user of the pill.

There is great conflict between Denise and her mother about who should have primary responsibility for the baby. Denise, for example, wanted to take a semester off from school to care for the baby, but her mother insisted she return. Denise did very poorly that semester. Denise is extremely upset about her mother's authority over and responsibility for the baby.

Denise is a regular participant in Redirection workshops and enjoys

the program. Her aspirations are to complete high school and get a job. She speaks to her community woman regularly, and her community woman has tried to mediate some of the difficulties Denise is having with her mother. So far these efforts have met with only limited success.

Candy was 13 years old when she began her relationship with the father of her child. Her first sexual experience with him was "to see what it was like" and "to get it over with." She had been told by her peers that one could not get pregnant the first time, so she never even thought about contraception and believes that her pregnancy resulted from that first experience. She is now almost 18, and her child almost two. Her family encouraged an abortion, an option which Candy refused. She began taking birth control pills after her delivery, but has since discontinued their use because they cause unpleasant side effects.

Candy is a very involved and responsible mother and regards the baby as a definite asset in her life. The baby's father has urged her to marry him, but Candy has thus far rejected the idea, especially in light of what appears to be his lack of fidelity. For Candy, marriage is "either a meaningful experience or nothing," and she will not consider marrying the father unless his behavior becomes more stable.

Candy joined Project Redirection primarily for educational planning and job placement opportunities. Her family has never been welfare-dependent, and she has developed a strong work ethic. Her contact with the program has been maintained through a close relationship with her community woman. While Candy grew up in a strong matriarchal environment with siblings from her mother's two marriages forming a close family

network, recently her relationship with her mother has deteriorated. Candy expresses her feelings about participation in the program by saying that it "makes her feel like someone with hope and a future," while at home she feels like "a nothing and a nobody." At least so far, the program is providing some compensation for the loss of a previously strong familial relationship.

Barbara is an outgoing young woman whose baby was born when she was 17. Early in her high school years, Barbara met Jim, an older man who became her first sexual partner. He pressured her for sex, and believing she was in love with him, she agreed. They maintained a steady relationship for three years, during which time Barbara moved out of her mother's house and into Jim's apartment.

Although her mother told her about birth control when she was 13, Barbara, not believing she could become pregnant, did not use any contraceptives. She says, "Pregnancy was the last thing on my mind." Her boyfriend and her mother encouraged Barbara to abort. Barbara now says that she too wanted an abortion but did not have one because no one took her to the hospital. Nevertheless, Jim provided financial and emotional support during the pregnancy, and Barbara continued to live with him. While she maintained an active sexual relationship with him after the delivery of the baby and received birth control pills with appropriate instructions, Barbara took the pills only irregularly. Either she forgot to take them or would not "be home on a regular basis." As a result, she had a second pregnancy shortly after her first delivery. This pregnancy was aborted.

Subsequently, Jim became involved with another woman. He and Barbara broke up, and Barbara returned to live with her mother. The relationship with Jim is not over, however; he continues to provide financial support, largely, according to Barbara, because of "threats" that she makes to terminate his relationship with the child.

Barbara and her siblings were raised by her mother. The family is welfare-dependent, and some of the males deal in drugs or gambling to supplement the welfare. Barbara now has sole responsibility for the child. This does not present a schedule problem for her because she neither works nor attends school, having dropped out after a history of truancy when she became pregnant. Her employment history is also quite limited, consisting of brief spells of work at a few local stores. She has recently become anxious to set up her own housekeeping, and realizes to do so she must seek employment. Without skills or education, however, her prospects are quite limited. Yet she has shown little initiative to overcome her problems, which include an erratic record of participation in Project Redirection. She sees her chief hope in re-establishing her relationship with Jim, whom she believes could give her financial security and emotional comfort.

Sherri, a 17-year-old with a two-year-old child, joined Redirection primarily for a community woman who would be a big sister to her. She attended all Redirection sessions until a part-time job conflicted with the schedule. Work and the independence which she feels it will bring are primary goals for Sherri. With the encouragement of both her mother and father, she is attending school and is doing fairly well. Her two-parent family is welfare-dependent. Sherri's mother often provides

child care, and Sherri seems relatively uninterested in raising her child herself.

Sherri has no current relationship with her baby's father but has a new boyfriend. While they have sex regularly, she does not use her birth control pills consistently. She is considering moving away with her new boyfriend and leaving her child with the grandmother. Because of her reliance on personal and family networks, she rarely turns to program staff or her community woman to solve problems.

Maria is 17 years old. She lives with her baby, who is a year and a half, her mother, stepfather and younger siblings. Maria's mother, a high school graduate, is employed. Maria has middle class aspirations and is currently enrolled in a GED program, having dropped out of school in the ninth grade because "it was boring." She says that she would not be in the program were it not for Project Redirection. She considers a job to be a necessary evil required to provide the income for the kind of life she wants for herself and her child.

Maria attends many Project Redirection workshops and is a regular participant in the parenting workshop, which she finds informative and helpful. Maria and her community woman see each other frequently, as the community woman provides transportation for Maria to attend classes and workshops. The community woman has proved quite effective in motivating Maria, especially in her school studies.

For Maria, sex is a "natural part of going steady." She was not using any contraception when she became pregnant. After the birth of her baby, she severed her relationship with her boyfried whom she expected and wanted to become "a good father." But his promises proved

to be unreliable, and he was unable to get a job. She now has a new boyfriend but is not seriously involved with him. She does plan to use contraceptives if this relationship continues. At present she sees her relationships with men as secondary to the aspirations she has developed for herself.

Lila, mother of a nine-month old baby at age 17, is basically interested in Project Redirection for its social value. Both she and her mother wanted her to participate in some organized activities. Although she attends regularly, she is shy and quiet and rarely interacts or contributes to the group. Her commitment to Redirection does not extend to her community woman. The community woman senses that Lila's mother is discouraging their relationship, and Lila's mother appears to feel the community woman is competing with her for Lila's attention. At the same time, Lila's community woman has high expectations for her teens and feels that the program may be "making it too easy for them."

Lila often seems ambivalent in her role as a mother. She claims that the baby often appears more like her sibling than her child and does not discourage her family's attempts to treat her as a dependent child. Her mother is a hard-working, independent woman, who has created a tightly knit family structure with her five children by several fathers.

Lila denies any interest in further sexual experiences. She claims that the baby's father was her first sex partner and that she became pregnant almost immediately. She did not use birth control, believing "it could not happen to me, not the first time." Although the father of the baby visits the child, he and Lila no longer have a sexual relationship. The relationship deteriorated during her pregnancy when "he began

to act like a baby and got another girlfriend." Lila wants the baby's father to accept responsibilities of paternity but offers him few of the rights and privileges normally associated with fatherhood. For Lila, then, the basic support system remains within the family structure.

Linda is 15 years old and the mother of an eight-month-old baby. She lives with her mother, stepfather and siblings, and her family situation is a stable one. Her mother and her stepfather have been together for 15 years, and her stepfather had a steady job for many years until an illness forced him to retire. He now does odd jobs such as welding and carpentry, while Linda's mother grows vegetables which she markets in order to supplement the family income. Linda was enrolled in a teen pregnancy school program when she entered Project Redirection. When the baby was born, she and her mother agreed that Linda should stay home for at least three months to care for the baby before she returned to school. At present, Linda is enrolled in a continuing education program, which allows some scheduling flexibility and does not require some of the mandatory subjects of a traditional high school. Linda wants to remain in school, and her mother is most encouraging, offering child care whenever possible for the baby. Linda envisions a job for herself as a secretary after she earns her high school diploma.

Linda became pregnant after having gone steady for a year and a half. Although it was an unwanted pregnancy, Linda believed that "it takes a virgin a long time to get pregnant," and she did not use birth control. Linda's mother was disappointed with her pregnancy and now encourages her use of birth control, acknowledging that she doesn't know of anyone who is going steady who is not sexually active. Project

Redirection was most helpful to Linda in her desire to avert a second pregnancy, and her mother has supported the effort. During the pregnancy, Linda's family and the father of the baby were very supportive. Although the father of the baby is only a sophomore, he has offered continual help. They still discuss marriage plans after high school, although lately Linda sometimes resents his possessiveness.

Peggy is 15 years old and the mother of a six-month-old baby. She lives with her mother and stepfather and siblings. She is hostile to her stepfather but very close to her mother. Her biological father lives nearby, but Peggy has had limited contact with him over the years. Peggy feels that she was never very successful in school. Following a history of truancy, she withdrew from high school during her sophomore year when she became pregnant. Subsequently she enrolled in a continuation school and Project Redirection. She is now committed to completing high school, although she is worried about what she considers the excessive home responsibilities that prevent her advancing at the pace she would like.

Peggy met her boyfriend when she was 13 and still maintains a relationship with him. Because she is committed both to continuing high school and maintaining her relationship with her boyfriend, she is conscientious about taking birth control pills. She does not want to become pregnant and obviously feels in control of this situation. Her association with Project Redirection has also enabled her to focus more on long-term goals, and she has gradually come to believe that economic independence, even within the context of marriage, is important, although at present she has no specific plans about how to achieve this.

Peggy was not using birth control before her pregnancy. She felt "it could not happen to me." Before telling her mother about the pregnancy, she considered an abortion but said that she could not raise enough money to cover the expense. Her mother also encouraged abortion, but by the time she knew of the pregnancy, Peggy was in her second trimester and felt that it was too late. Currently, Peggy's major problems center on her conflicts with her mother over control of her own life and that of her baby. They are in continuous competition over who has the responsibilities for taking care of the baby, and Peggy's mother also looks to undercut and stifle her relationship with the baby's father. On both these grounds, Peggy is turning to Project Redirection for guidance and support.

Carol is an attractive 18-year-old with a two-year-old child. She dropped out of school in ninth grade and re-enrolled in a school for pregnant teens when she discovered her pregnancy. After delivery, she was told that she would have to repeat the ninth grade if she returned to a traditional high school, and in fact she has not returned.

Carol comes from a household in which no one is employed. When she is not with her boyfriend, she lives with her sister and her sister's children. Prior to her pregnancy she used birth control pills erratically. Her boyfriend, although currently involved with another woman, still contributes financial support to both Carol and the baby. She is trying desperately to re-establish a better relationship with him and feels that she is "winning the battle." She is also still sexually involved with him and thinks she might be pregnant again. Carol and her boyfriend have

been living together on and off for a few years. Carol thinks it is important to hold a man as a source of money and protection on the street. Carol claims that she has been "hanging out" since she was 12, when she became truant from junior high school. She believes she is well versed in drug use and how to deal with men.

Although Carol came to Project Redirection for assistance in job training, she consistently manipulates her community woman and program staff in order to prevent real progress. She has resisted continued real schooling and although Redirection has tried to put her in a WIN training program, a series of missed appointments and bureaucratic red tape led Carol to conclude that she will "get nothing from WIN." Carol's major activities and efforts seem directed toward getting money from the father of her child, who deals in drugs, and toward her own street hustling. Although Carol acknowledges that most of her time is free, her primary interest seems to be immediate gratification, and she has done little to redirect her life.

Della, who just turned 18 and delivered a baby, entered Project Redirection early in her pregnancy. She has been sexually active since she was 13 and was an effective contraceptor. She consciously planned her pregnancy when she decided she wanted to have a baby and discontinued taking her birth control pills. Upon learning of Della's pregnancy, her mother demanded that she have an abortion. Her mother is particularly vulnerable to social pressure and felt that having a baby outside of marriage was a disgrace to the family and inhibited her desire for upward mobility. When Della refused to abort, the mother told Della to leave her home and made no effort to contact her during the pregnancy. This

did not come as a surprise to Della, who had been told to leave home at other times during her teenage years. Della does not regard the father of the baby as an important person in her life, and she does not intend him to have any involvement with her child.

Della is highly motivated educationally and very involved in career planning to establish her independence. She repeatedly declares that "Project Redirection saved my life." In particular, Redirection arranged suitable housing when she was forced to leave home and assisted her in obtaining welfare services. Della has had an ongoing and close relationship with her community woman, with their interaction focusing on preparation for the baby, shopping trips and participation in project activities. Della, craving emotional gratification, has found this relationship extremely rewarding. Although intelligent, Della has had a history of truancy. During her pregnancy she enrolled in a teen mother school program from which she recently graduated. Immediately thereafter, she enrolled in a community college where she made good progress until she withdrew shortly before her delivery. She definitely plans to resume her studies and continue school.

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